Address

ON THE

OPENING OF THE MEDICAL DEPARTMENT IN KING'S COLLEGE, LONDON,

OCTOBER 1ST, 1862.

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GENTLEMEN,—Another year dawns upon the history of King's College, London. More than thirty have elapsed since these walls were raised, under peculiar circumstances and auspices, and the motto chosen was "Sancte et sapienter." Wisely and holily has the College been conducted, and now, as illustrative of the fruit of such a maxim, the business of the institution commences for a new session under conditions in all respects as flourishing as heretofore. In the epitome of a generation, public men flourish and die out; their place knows them no more, and others are seen on the horizon of fame, who come and go as their predecessors. Considerably more than a generation has passed on this institution, and most of the changes incidental to the customs and experience of life have fallen upon us. We have had great men, and we have lost great men, but the body corporate still exists, and, making allowances for the recognised varieties in human affairs, the authorities and heads of King's College look, with undiminished aspirations, for the future. In their name I salute you, and in their name I have the honour of initiating the Medical Session of 1862 and 1863.

On such an occasion there must of necessity be much self-allusion; there must be explanations on behalf of the institution, and for the sake of those who have resolved to join it; and the earliest part of my present duty must be devoted in this direction.

Before University College and King's College sprang up, the medical schools of London were constituted very differently from those of the present day. A pupil might enter on his "walk" at any hospital he fancied, and take his lectures from any accredited source he chose. He might learn his anatomy in the west, and his surgery in the east, and might roam from Mile-end or the Borough to the far west at Hyde Park Corner: he had the choice of three great institutions with sainted names—St. Bartholomew's, St. Thomas's, and St. George's, and of others, with the well-known and respected appellations of Guy's, the London, the Westminster, and the Middlesex. He roamed like the bee, and sucked the sweets where he chose; but—whether for better or worse may be a question—the custom now is, that a youth shall select a certain institution, whence he may expect to derive all that essential part of his education which shall enable him to secure his title and qualification to practise his profession. Now, instead of learning his anatomy at one point, his surgery some three or four miles off, his physic at some equally distant school, and "walking" his hospital in still another direction, he settles calmly down in a comparatively limited sphere, and lays his mind open to the teachings of a single institution. There may be advantages and disadvantages in both systems, but custom, which, rightly or wrongly, always rules for the time being, has so settled it, that each school of medicine in London has become a kind of college in itself. A pupil can, in such a school, get all the required elements of his profession. He can reverse the order of nature in this respect—that whilst he must be content with his maternal parentage, as Nature has so ordained, he can select at will his future *alma mater*. In former days a man boasted of having been a pupil of a single teacher, but now he refers to the school in which he has been reared. Whatever influence a teacher's name may have, the reputation of a school generally has the greatest weight. And very justly so; for as one man can teach only a section of the great scheme of medical education, so it is fitting that the strength of a teaching establishment should depend more on the general perfection of the whole than upon accidental single influence.

Some of the warmest early friends of King's College saw no occasion for an hospital as part of the medical school; but it was soon observed that a change in the habits of schools and pupils had come over former customs. A fashion arose for pupils to take their whole professional education from one establishment. A youth remained at St. Bartholomew's, St. Thomas's, or Guy's throughout the whole of his pupilage; and, above all, the contemporary institution—University College—gave school and hospital education at the same time. The founders of this College, unwilling to see it behind the requirements of modern changes and demands, resolved that there should be an hospital attached to the medical department, and the result has been, in the course of time, that splendid building near Lincoln's Inn which doubtless most of you have already visited.

Nearly twenty-four years ago a house and funds were required for the accommodation and maintenance of 120 patients, that being the smallest number required by authority at the time for the purposes of a medical school. Such was the zeal on the part of those interested in the welfare of King's College, that, within a few months after the project was started, a sum of nearly £10,000 was raised by voluntary subscriptions. A house sufficient for the purposes at the time was speedily made available, and in the spring of 1840 the inhabitants of a central portion of this metropolis first received the benefits of a charity which, from the vigour of constitution hitherto evinced, may possibly in the course of years stand side by side in value, if not in wealth, with those time-honoured royal hospitals which, being founded chiefly by private munificence, are at once the pride of London and the subject of marvel to all Europe.

Our embryo hospital, if I may so call it, had scarcely a recognised existence before it became evident that it was too limited for its requirements, whether as a charity or a place of education; and the same spirit which created the institution again arose in augmented force to cope with the increasing necessity. To give room for a new building, a greatly extended site was required, and an enormous sum of money had to be collected in anticipation of a new and much larger structure. The site was procured, though not without the devotion of much time, trouble, and expense. Those not acquainted with the value of property in London will scarcely believe that the purchase of the site of our new hospital is valued in capital at £26,000. The money for the building soon followed. The old and inadequate structure gradually passed away, and there arose in its stead that massive and imposing pile, which, though yet unfinished, has already attracted considerable attention on the part of those who are interested in buildings for similar purposes. Such is the inherent vitality of King's College, that since 1839 to the present date, no less a sum than £230,000 has been devoted by the friends of the institution to the purposes of hospital charity, and for the sake of securing to its medical department the advantages of an hospital in connexion with the College.

It may fall to the lot of many of you in your after-career to be interested in the development and construction of hospitals, and the difficulties encountered by the governors of King's College, the perseverance and energy with which these have been overcome, and the present results of such labours, may well be held before you as worthy of consideration. In particular I beg to call your special attention to the building in regard to its site, being in the midst of a densely populated part, in nearly the centre of London, where, in my opinion, hospitals are most required; to the size and number of the wards; to the amount of light secured for the interior, and, perhaps above all, to the means of ventilation and heating. All these are matters with which a medical man should be pre-eminently familiar. I should place him in this respect even ahead of the architect; for it is the glory of our profession, in modern times, to march in the foremost ranks of the champions of hygiene. Our mission is to cure; but we take higher ground than that. We strive to avert those very maladies by the treatment of which, to take a vulgar glance at our social position, the majority of the profession make their daily bread. Experience tells us that it is often more easy to set aside the cause of disease than to cope with the evil when it is once established. We can see and recognise many of the circumstances which are certain to induce disease, and we can avoid, modify, or change, with greater certainty and effect, than when we have to contend with disease itself. Whilst in modern days all seem more or less familiar with the evil effects of unwholesome food and drink; with the difference between swamps, low flat countries, and the bracing air of hills and heaths; the evils of overcrowding, of bad or no ventilation, of the absence of drainage, and with numerous modern hygienic maxims, there is no class in the community which labours more than ours to remedy and avert such evils, and to set our calling, as it were, at naught. A well-constructed and well-appointed hospital may arrest pestilence, and be the means of vast public comfort.

It would, however, gentlemen, be a miserable boast on the

part of our profession were we to claim honour merely on the ground thus indicated. My impression is that we have higher data upon which to pride ourselves. We claim a prominent recognition amongst those who give progress to civilization. The churchman inculcates, in his holy mission, our lessons from on high; the statesman gives laws to the social creed which constitutes a main feature of civilization; the lawyer interprets and gives civil force to the social obligations which man puts upon man; the warrior cuts, rightly or wrongly, the Gordian knot; and we, gentlemen, have our work before us—work which, in my humble opinion, may embolden us to claim a position not inferior in natural grandeur to any calling within the circle of civilization.

Gentlemen, man existed before there was a sacred history revealed to us. The work of the Divine Creator preceded that of the churchman, the statesman, the lawyer, and all other human crafts. The world itself, and all upon it, was created before the Almighty brought man forth. His creation was the last of the astounding marvels of the six days. "God created man in his own image, and gave him dominion over the fish of the sea, the fowl of the air, and every living thing that moveth upon the earth." Our impression in accordance with this, and in our own conceit, is that man is the highest of God's creations on earth; and your duty, gentlemen, is the study of that perfect work of the Divine Creator. You all know the familiar expression of Pope, that "the proper study of mankind is man." No doubt much consideration is required to keep that equipoise which gives harmony to our social relations. But this expression has reference solely to man's mind and to his social and intellectual relations, and we must limit its signification to the study of the products of the human intellect. We cannot but recognise great variety in our mental condition. However brilliant, it is chiefly the result of human training. We no more blame the Deity for the deficiencies of intellect in man than for the ferocious instincts of many of the lower orders of His creation. The Almighty seems to have left the development and adjustment of man's intellect to man himself; but man's frame and the vital principle He seems to have made perfect at once. This is not the occasion or the place to discuss the question of progressive development. It is sufficient for my present purpose to state that, in my mind, no argument, no sophistry of modern speculators, breaks the hallowed charm of the first chapter of Genesis. Again I remind you of the simple and impressive words, "God created man in his own image."

Now, gentlemen, it is that "image" which you have to study. You have as much to do with the intellectual part as any of your fellow-creatures; but it is your special mission to study the wondrous physical structure of this machine, and that marvellous vital principle which makes the machine from God's power so far to excel that emanating from the highest human intellect.

Hence, then, I say, that our mission is one of the highest on earth when compared with that of each fellow-labourer. Honouring, as we should, the loom, the steam-engine, the locomotive, and all that gives glory to human intellect, we have in ourselves a mechanism and a motive power which it is the solace of our minds to consider as emanating directly and solely from the Deity. To appreciate the works of the Almighty is the highest and best-received proof of our civilization, as well as of our recognition of a Supreme Being, and of a great hereafter.

What study then, gentlemen, can possibly be more interesting than that on which most of you are now embarking? These circumstances, briefly referred to, seem to me to raise it in interest above all others. But, happily, all do not think alike, and so each man selects, or is drawn to, his vocation; and it is enough for me, as an enthusiast in my own way, to congratulate you on having chosen one of the grandest spheres for the occupation of human intellect. Part of your education, highly encouraged in this institution, enables you to "debate in the Temple" if you will; and that of Medicine strictly, enables you to approach our Saviour's works in the nearest degree permitted to man. You can, under Providence, make the lame to walk; the blind to see; and if you cannot raise from the grave, you can literally interfere during the seeming last fatal moments, and, in strangulated hernia or by tracheotomy, be the happy means of prolonged years on this earth.

Gentlemen, the occasion on which we meet justifies such attempts, humble though they be, to inspire you with enthusiasm for the profession of your choice; but whilst speculation and metaphor are largely permitted in an introductory address, the every-day realities of our position cannot and must not be overlooked. Thus, internal changes have occurred in our executive staff within the last fifteen months which now demand some special notice.

Fourteen years ago (1848), when engaged, as I am now, with an introductory address, I had the pleasure of announcing the acquisition to our staff of Mr. Henry Lee as Assistant-surgeon to the Hospital, and Demonstrator in the anatomical rooms. After a period of active and honourable service in each capacity, Mr. Lee has retired from our ranks for more extended occupation in St. George's Hospital. Mr. J. W. Hulke, one of our assistant-surgeons, and formerly a distinguished pupil in the College, saw his interest in migrating to Middlesex Hospital. These vacancies have been filled by associates of the College who formerly held high rank among the pupils. Mr. Henry Smith, Mr. Peter Price, Mr. Francis Mason, and Mr. William Spencer Watson, are distinguished names in our College history; and these gentlemen have been selected by the Council to fill such places as fell vacant, and to add strength to our surgical staff. No comment on my part is needful to give currency to the claims of these gentlemen on public confidence; but I cannot resist the opportunity of giving vent to my own personal regret that Mr. Price should have been forced, by the depressed state of his health, to retire from a position which he was so well qualified to adorn. I know that this feeling is also entertained by my colleagues; but my regret is increased by the circumstance that Mr. Price was endeared to me by friendly feelings of no common kind. I had watched his industry, and observed his ready talent as a pupil; he had become, in the course of years, my confidential assistant in private practice, and I anticipated for him a bright surgical career in this great metropolis.

Our staff has suffered a peculiar loss by the resignation of Mr. Bowman. His name has for years been so familiar wherever the reputation of science extends, that his presence among us was a guarantee of our integral strength. The labours of private practice have induced Mr. Bowman to forego his public position among us; but he carries with him the regrets and good wishes of his former colleagues and all interested in the welfare of King's College.

Last of all, gentlemen, I have to refer to the resignation of our well-known and highly esteemed Professor of Medicine. Dr. Budd has filled his chair for two-and-twenty years, and it would be difficult to name his superior among his contemporaries throughout that long period. Of a family to whom Medicine seemed as a passion—his father was a practitioner of no mean note, and seven youths of the family became disciples in the same walk,—Dr. Budd came to King's College a high-class wrangler and a Fellow of Caius College, Cambridge. His antecedents held out bright prospects for the chair of Medicine in this College, and I well remember the satisfaction with which I myself looked upon him as my colleague when we began our work together in 1840. Many of you can testify how admirably he has fulfilled his duties here and at the hospital, and his genial presence can never be forgotten by those who have had the good fortune to partake of his instructions. As with Mr. Bowman, the pressure of business otherwise has finally induced Dr. Budd to take this step of separation. It is a recognised custom among successful physicians in London. I know that for years our distinguished Physician has meditated this step, and that even at the last his reluctance to leave the field on which his high professional reputation has been won had well-nigh induced him to adhere to labours far beyond his natural strength.

But, gentlemen, there is a resiliency in corporations as in kingdoms. As in former times, when grief was expressed by the cry, "The king is dead," the sounds of joy soon followed in the shout, "Long live the king!"—so with us; as one magnate passes away, another steps into his place. We do not actually realize the loss of Dr. Budd before his chair is filled by Dr. Johnson.

There may be those here who have sat on the same bench with this gentleman nearly twenty years ago, when he was a pupil of this College. These and the College authorities can testify to his surpassing excellence in that capacity. I myself remember, as if it were yesterday, when, on an occasion of the distribution of prizes, he walked from the president's chair well-nigh overwhelmed with the weight of volumes in his arms. I wondered at the time what might become of one so full of promise. He next took rank as a pupil in our highest hospital appointments; then he was selected as medical tutor in this College; thereafter he showed himself as an accomplished and eminent pathologist—a man of such mark, that on the earliest opportunity the Council of King's College made him one of the assistant-physicians to the hospital. Additional honours were in reserve, for he soon became professor of materia medica, and

was selected to the charge in the hospital left vacant by the premature and lamented loss of Dr. Todd. Well might Dr. Johnson and his friends suppose that his cup of good fortune was brim-high; but another honour was still in store for him, and that was the successorship to Professor Budd!

The course which I have thus briefly sketched was one which shadowed forth such a climax, and Dr. Johnson may now be said to have reached the broad guage of his career. Like our cousins west of the Atlantic, we are fond of nicknames; many of our eminent men are distinguished by prefixes neither Christian nor baptismal. The Southern States at this present time are proud of one of their distinguished generals under the name of "Stonewall" Jackson; and King's College has been proud of a Professor who has among his contemporaries long passed by the familiar name of "Kidney" Johnson!

Gentlemen, were I asked to choose from among the pupils of King's College an example of a career likely to excite emulation on your part, I doubt if I could select one more appropriate than that of the gentleman to whom I have just alluded. When he came to this College he was, like most of you, without a friend, and possessed of means not more than sufficient for the course he had chosen. He had received a good preliminary education, and was endowed with excellent natural abilities. If appealed to himself, I feel assured that his own modesty would say, not more in either way than most of you can boast; but mark me, gentlemen, he had perseverance, industry, and indomitable courage. These, and various adjuncts which it would be unfair to dwell upon, in his presence, and on such an occasion, have made him your teacher in Physic; and I refer to the subject, not so much for the purpose of expressing praise of Dr. Johnson, as for impressing on your mind that a similar career is open to one and all of you who will fairly emulate the conduct of such a predecessor. Each of you cannot expect to be a professor in King's College; but be assured that the posts of honour in our profession can, in the present day, be attained only by those who shall steadily follow in the way indicated by the example of our newly elected Professor of Physic.

Another notice of change in our arrangements will bring me to an end on this head. A most useful and important means of efficient teaching has been gradually and silently increasing ever since our department began. Without a museum, a teaching establishment is not recognised. Ours, well stored at an early period, has in the course of years outgrown the boundaries allotted to it. Want of space for such accumulated treasures has long been felt; but the numerous demands on the funds and energies of a comparatively young institution, delayed the realization of a favourite scheme for the enlargement of the museum apartments. Happily that difficulty has been surmounted, and our large collection of preparations is now disposed in a befitting apartment, which, for size and proportions, does honour to our building, and can stand comparison with that in any similar institution in this country. I need add no more, gentlemen, with regard to our internal arrangements than that in most other respects we stand as during the last session.

There are certain rules, regulations, and requirements as regards the medical department of King's College different from those in other medical schools, with which all who enter here are expected to comply. These are neither stringent, unpleasant, nor forbidding—they are here considered wholesome, and such as a well-bred youth would willingly accept as his tenure of position in a College founded in close connexion with the National Church.

Some of you are beginning your professional studies, some are midway in progress, and some are about leaving the College to break ground on the great field of man's earthly struggles. None of you are too old to be above the advice or opinion of others, and it forms part of my duty to address you on the nature of the engagements on which you are all about to enter.

It is right and proper that you should be frequently reminded of your high calling—of its psychological character, of its scientific aspect, and of the glory of doing good to your fellow-creatures; but there are certain more common place features associated with it which are equally worthy of your consideration, and which it would be affectation not to notice on such an occasion as this. There are few who begin the study of Medicine without having it in view as a future means of livelihood, and as being the stepping-stone to their future social position among their fellow-men. Hence, then, the necessity for taking a more common-place estimate of the objects associated with Medicine than that which I have hinted at in the early part of this address. Happily, if a man chooses, there need be no great separation or distinction between the highest aspirations and the common-place duties which I now allude to. The character and conduct of the boy usually foreshadow those of the man; and this remark is peculiarly applicable to the youth who begins his studies in a well regulated medical school. It is there that he begins to develop the material of which he is made, and much of his future fate will hinge upon his conduct and acquired character during the period that he rules his intellect among his fellow pupils. Much of a man's position depends on what his fellow-men say and think of him, and at this early date the student is closely watched by those on whose good or evil report much will afterwards depend. If he secures the just applause of his fellow-pupils, he has already taken considerable standing. The same qualities which have thus carried him so far will have an equally good effect with his teachers and those in authority. Thus admirers may be secured in early years, many of whom become fast friends in future life. I need scarcely say, gentlemen, that in asking you to seek the admiration of your fellows, I mean that it shall be for all those good qualities which most become a man. Some of these may be appropriately glanced at on this occasion. In this institution you are all aware that much importance is justly placed on the due observance of religious duties. In this the College but resembles the quiet institutions of our country; but it cannot be overlooked as a peculiar feature of King's College that, for the first time in the history of our great medical schools, the association of the two has been specially pressed. It has always been with me a question how it has happened that a saying has got abroad that medical men are less impressed with a sense of religion than others of the community. My own experience has led me to entertain the opposite view. I have never seen reason to consider medical men less devout than any other section of the community. On the contrary, our whole course of study, almost every subject that we deal with, leads inevitably to the impression and conclusion regarding the existence and design of that Almighty Being whom we all worship, and with whose immediate works it is our duty to deal more largely than falls to the occupation of our fellow men. Gentlemen, it is a feature of the medical department of this College that the lessons of our holy religion should be closely associated with those of a professional character; and it is with no little pride that we hear from the lips of our respected Principal, year after year, that in the competitions for some of our principal prizes, the medical students display an amount of knowledge in Theology that would do credit to those whose special duty it is to study for the Church. It has, indeed, invariably happened that our first prizemen have been specially distinguished in this way; and we have no reason to doubt that their successors will be equally eminent.

But whilst I refer with pride to these features of our collegiate system, I must declare that the Professors who greet you on this occasion have chiefly to do with your secular education. We cannot but feel that those who are sedulous in one department are likely to be so in others; yet it is our duty to remind those who have been here before, and to assure those who appear for the first time, that without assiduity no substantial progress can be made in professional studies. The elementary knowledge which you must of necessity master can be acquired only over a series of years. Work done by fits and starts will not do with us. A single great and comparatively brief effort will not suffice. It must be steady, plodding, consecutive labour that will carry you successfully through the first great trial by which you will be formally admitted as members of the profession to which you aspire. When looked upon as a whole, the task before you seems great and almost beyond grasp; but the Napoleonic rule answers admirably here, for by taking sections separately, you can master each with comparative facility, and thus step by step achieve the victory over the whole.

I know not that I can say anything to you likely to be more useful in your future studies than that I am now alluding to. Remember what I now say, and you will be cheered on in your arduous path on many a future occasion, when your heart may be well nigh failing, as you look at the work before you. It would mislead were I to speak lightly of your task. It is great and difficult; but after all you must bear in mind that it is only such as has been mastered before by thousands. In most respects, modern requirements, particularly those of recent years, have been greater than those of former times; but it cannot be overlooked that the facilities for instruction and for learning have increased in proportion, and assuredly the modern student has much in his favour from the style of examination for diplomas and degrees which now prevails with

our most influential licensing bodies. Among modern innovations and improvements, few are more worthy of approbation than the terminal examinations which are now becoming common. For the profession and the public the advantages are great; for there can be no shirking in a course of study which is thus tested, and to the zealous student, anxious to secure the full benefits of a comprehensive education, the new system offers great facilities for his yearly labours. The spirit of all high educational rules is, that by following certain prescribed courses, a guarantee is secured that the mind and intellect have traversed great fields of knowledge. Accomplishments will be measured by the mental impressions thereby made and retained for future use, and he who can best turn such knowledge to account becomes in the estimation of the world the most accomplished. Heretofore the custom has prevailed of examining on the whole field of professional knowledge—aye, even including preliminary in some cases—at a single examination, or at most on two or three occasions within a few days or weeks. This gave rise to the unworthy system of cramming, and the pupil thereby endeavoured to get by heart as much as he possibly could in the few last months of his attendance at the schools. The crammer, or "grinder," as he was facetiously called, contrived in the course of time, and by comparison, to find out the questions which each examiner was most likely to put, and he who could do this most cleverly was considered the best at his business. Thus many men were prepared for examinations by a system only a little in advance of the method of teaching parrots to speak. Even the conscientious, hard-working student, who did not grind, thought it a severe, and in some respects worthless, task to be obliged to keep up all his knowledge to examination-point, when he felt convinced that much of this knowledge, though excellent in itself, would really be of little use to him afterwards. It is better far that there should be examinations for boys and examinations for men, examinations for young students and examinations for those who are advanced and consummating their school education. The advantages of this system are, that a given portion of work may be done deliberately and well, so that a lasting impression on the mind shall have been made; that another portion may be taken up and dealt with in the same way; and that thus a sure foundation of well-tested knowledge shall have been secured by successive stages, whereon may be happily accumulated that store of wholesome experience and knowledge which shall lead to usefulness and distinction in after-life.

But, gentlemen, this is a wide theme on which I am touching, and time warns me that I must be brief. Your chief duties here are to study your profession, and to fulfil the rules of the Institution. These rules are the result, in most instances, of large experience, and they emanate in part from the authorities of the College, and in part from those licensing bodies which by law have the right to prescribe the requirements which they deem needful.

Gentlemen, in thinking how I might best enlist your interest and enthusiasm for your future occupation, it has struck me that possibly a few illustrations from my own branch of our profession may be effective. The term Surgery, (chirurgery,) signifying the mere work of the hand, may now be said to be old-fashioned, for the mere perfection of handicraft forms a small section of the surgeon's requirements. It is, no doubt, of vast consequence that the manual part of his duties should be well performed—there must be a species of intellect to set the mechanism of the hand at work; but that is little thought of compared with the acquired intelligence which enables us to recognise and appreciate the conditions of health and disease, and, in regard to the latter, to select such a course of treatment as shall act with almost mathematical precision in restoring to health or preserving the main portion of the frame with which we deal. It is this acquired intelligence which constitutes the science of surgery, and displays the difference between its automatic character and that resulting from knowledge, experience, and forethought. A great practitioner, now passed away, who had spent a long lifetime in one of the largest hospitals in the world, wrote a book, in his old age, to show that surgery was not entitled to rank as a science. The effect on my mind, on perusing that book, was, that the author was no surgeon in the modern acceptation of that term. He might have been a mathematician and a scholar, but he did not appreciate true surgery. The vast opportunities of half a century only induced him to write a libel on his own profession, a profession which, thousands of years ago, was designated Godlike! There is no evidence that this gentleman even appreciated the mechanical department of his art. He was very different from Ambrose Paré, who believed himself inspired when he first applied a ligature to close the open end of a divided artery, whereby he could more securely stem the flow of blood than by any other mechanical process then known—all of which were rude and coarse in comparison. This very process of Paré's is an admirable illustration of the value of well-directed mechanical skill; and considering that it is, even at the present time, our principal means of stopping the flow of blood from divided arteries—that life is thus literally held by a thread,—it may well be allowed that Paré did himself no more than justice when he estimated his device so highly. This device, or process, did not, in my opinion, rank higher at the time than a part of the art of surgery. It was, however, an art of high rank, for it constituted the difference between life and death.

Let me now give an illustration of the science of surgery. When a great artery is cut across, death is the almost certain result, unless the art of surgery intervenes. But arteries sometimes burst spontaneously, and although in general the final result would be as certain as if the vessel were suddenly cut across, it is usually much more slow in coming; there is time for the application of surgical means. Until towards the end of the last century, all such means appear to have been so futile that surgeons were inclined to let the disease run its natural course, or, when it was in their power, to resort to amputation, and thus remove disease and limb at the same time. The greatest genius, the greatest philosopher in all surgery, of whom this island, perhaps the world, can boast—John Hunter—threw his attention upon this subject. He saw that the fatal character of the disease depended on the main current of the blood passing through the ruptured course. Experience had taught him that any local interference with this rupture was highly dangerous; the practice had been in a manner abandoned, and surgery was greatly at fault. Hunter thought of stemming the main current between the disease and the heart. He did so, under the impression that the *débris* of the blood (in the shape of fibrin) and such blood as remained in the aneurismal sac would be finally absorbed, and that whilst this process was going on the blood from the heart would find its way by collateral vessels, so as to nourish the affected limb all below the seat of disease. That arteries would carry blood in a retrograde direction—that small vessels would enlarge so as to compensate for the main channel—was known to preceding surgeons. It may be doubted, however, if anyone ever had such ideas of absorption. Even now I am more impressed with Hunter's views and writings on this subject than on almost any other. He believed that, the disease and main channel being set aside and left stagnant as it were, there was such inherent power in nature in regard to absorption, that the disease, and even the main vessel, would in a manner disappear under this peculiar action. His belief was realized. He put a ligature on the superficial femoral artery for a popliteal aneurism; the blood found its way to the lower part of the limb by the collateral circulation; the limb regained its health and strength; and the original channel, as also the disease, were no longer of account in the limb—they disappeared, chiefly by the process of absorption. This is not the occasion, nor have I time, to dwell on all the marvels associated with this subject. Suffice it to say that no operation in surgery has had a career more brilliant than that to which I now refer; nor can I give an instance from the whole range of surgery wherein experience of former disasters, a knowledge of pathology and of healthy structure, and a just appreciation of the ways and powers of nature, were brought to bear more happily upon the treatment of an imminently fatal disease. The crowning point was, after all, a simple mechanical process—ligature of the main artery of the limb—a bit of mere handicraft, but brought to a bearing with such subtilty, that if there be meaning in the term Science, there is not a brighter example of it in surgery than this.

I cannot refrain from giving yet another illustration. You see this cast of a foot affected with a form of talipes. By a simple bit of the surgeon's art, it has been brought to this normal condition. The art here has been prompted by science. Until within a few years, surgery had little or no control over this form of distortion; yet by a happy reasoning from the fields of anatomy, physiology, and pathology, a result has been produced which thirty years ago was literally unknown in the domain of surgery. These sciences taught the mechanism of the foot and leg; the actions and uses of muscles and tendons; the immediate causes of the deformity; and how Nature, if but assisted by the surgeon ever so little, by the division of the tendo-Achillis, would most effectually make amends for her original error—so to call it. There is even more of science in all this than is implied by that yet said. Even the method of dividing the tendo-Achillis has a dash of science in it more than

appears to the common observer of the present day. A youth imbued with natural genius, who in his years of manhood has been the exemplar to British surgeons in this department of practice, seeing the uselessness of apparatus as applied in such a case on his own person, actually divided the tendo-Achillis with his own hand, and thereby in a manner set the heel free. His friends were alarmed. Good orthodox men were called in, and the heel was bound up so that the cut surfaces of the tendon should lie face to face and join again. The case did little more at this time than those in which some surgeons had also divided the tendon by a bold incision from the skin downwards. The youth referred to was Dr. Little, and such was his early experience on a field in which he has since gained high distinction. It remained for Stromeyer to put the crowning triumph on this little bit of surgery. He divided the tendon by means of a small blade, little bigger than a common sewing-needle, which was pushed through the skin by a kind of puncture, and then turned against the tendon. Thus a large festering sore was avoided, and the difference of the two wounds was as great as that between compound and simple fractures. If, gentlemen, there be no science in all this, then I must confess that I know not the meaning of the term.

At the present time all England is in anxiety regarding a pestilence among our flocks, which threatens to check the supply of a needful material, which, as we all think, goes far to build up English bone and sinew. Great though the alarm on this score is in many quarters, it is little indeed compared with that which prevailed in England and throughout Europe till near the end of last century, when the scourge of small-pox in man was stayed by Jenner. Call this mighty work the produce of induction or of deduction, of genius or of experimental inquiry—what you will; it is a noble portion of science, of which medicine and surgery alike may be proud! Only think, gentlemen, that with a lancet and a little lymph, in quantity so small as scarcely more than to be recognised by the eye, a power has been acquired by man over a malignant and fatal disease which in a generation saves the lives of hundreds of thousands!

It is to such a profession, gentlemen, that you now seek admission. Whether your future calling shall be that of physician, surgeon, or general practitioner, you must in your education and future position recognise great facts like these; and, even at this early date, you cannot but be impressed with feelings of interest, of awe, and of reverence for the work you are about to engage in. What more can I or my colleagues say on such an occasion as this to stimulate your industry, to rouse your ambition? Although Medicine may be said to be still in its infancy, great deeds have been done; but, without doubt, many more remain to be accomplished. Much though we admire the genius which has been associated with the successive improvements in our profession, we cannot but feel that without industry there would be little hope of success. Industry, gentlemen, industry is what we ask of you. The great things will follow, as it were, spontaneously: and so, if you admire great men and great deeds, we say to you, "Go ye and do likewise."

Abstracts

OF THE

INTRODUCTORY LECTURES

DELIVERED AT THE

VARIOUS MEDICAL SCHOOLS OF LONDON

AT THE

Opening of the Session 1862-63.

ST. BARTHOLOMEW'S HOSPITAL.

INTRODUCTORY LECTURE BY DR. R. MARTIN.

AFTER a few words of welcome to the new students, and to the large number of former pupils of St. Bartholomew's Hospital who were present, and also of thanks to the hospital authorities, the lecturer proceeded to say that a painful regret was mingled with the pleasure of welcoming old friends. Since the last occasion like the present, Mr. Stanley had been called to his account. Full of years and full of honours, adored by his family, beloved by his pupils and friends, admired and respected by all who knew him, Mr. Stanley died in that place where probably, if not in his own house, he would have preferred to die—on the scene of his own great labours—in one of the wards of the hospital, surrounded by his pupils, and ministered to by his colleagues. The life of such a man conveyed an instructive lesson to all, but especially to the student just commencing his career. It was by means of patient, indomitable, painstaking industry, and the conscientious discharge of every duty—means which every student present could command—that Mr. Stanley, against many adverse circumstances, won for himself a place in the foremost rank of the profession, and earned the esteem of all who knew him. His painstaking industry as a student first attracted the notice of Mr. Abernethy, who, in 1813, appointed him Demonstrator of Anatomy. During the thirteen years he held that appointment, Mr. Stanley occupied himself assiduously in adding to the number of anatomical preparations already collected by Mr. Abernethy; and in 1828 the whole collection was presented to the governors of the hospital. Not content with accumulating specimens, and then leaving them to tell their own tale, Mr. Stanley undertook the compilation of a catalogue of his infant museum—a work he completed with that scrupulous exactitude in its elaborations which characterized all his literary efforts. The collection of Mr. Abernethy and Mr. Stanley formed the nucleus of that museum of which, in its present state, all connected with the hospital may well be proud. The catalogue commenced by Mr. Stanley was continued with equal labour and no less conscientious effort by Mr. Paget, and has been very recently completed by Mr. Savory and Mr. Callender.

After a short notice of Dr. Richard Farre, who gave a valuable series of preparations to the museum, the lecturer proceeded to mention another benefactor to the school of St. Bartholomew's, the Rev. Samuel Wix, who was elected to the office of Hospitaller in 1808, and who died recently at the age of ninety. Mr. Wix was a man of varied acquirements and enlarged views, and his freedom from bigotry led him to fear no harm to that religion of which he was a faithful minister from the progress of natural science. He knew full well that the God of Nature is the God of Revelation, and that rightly to interpret the revelations of nature is to "look through Nature up to Nature's God." In this belief he founded the prize, which bears his name, for "the best English composition on the Connexion between Revealed Religion and Physical Science," "On the Connexion between Revealed Religion and Medical Science," or on any "other subject based on Divine revelation which the Hospitaller for the time may prefer." Under the trust deed, the candidates must be students not having a qualification for practice. Dr. Martin, however, recommended that, as the trustees have the power, the deed should be so far altered that for the future no one *in statu pupillari* should be allowed to compete for the prize. To offer such a prize to the student is to tempt him to diverge from the course of study laid down for him, perhaps to preoccupy some portion of that time which should be given to subjects of greater importance. But to those who have completed their student life, the prize will afford a fresh incentive to continue the study of the natural sciences—an incentive perhaps more powerful than the obligations of an impending examination.

The lecturer then reviewed at some length the "prize system" which obtains at most medical schools, contending that prizes given for proficiency in the different groups of subjects which engage a student's attention at the different stages of his career, and special prizes contested for under proper restrictions, would obviate the objections which have been urged against the system. He would admit no student to the competition for a special prize who had not shown, by the result of an examination, a competent acquaintance with the group of subjects of his year. To this end he advocated a compulsory examination for all students at the end of every session, the results of such examination being made public by arranging the candidates in the order of merit, as is done at the older universities. To all classes of students such examinations could not be other than beneficial; to the progress of some they may be considered essential.

Dr. Martin also recommended an extension of the collegiate system, and urged the advantages of providing the student with healthy, active amusements. The former provides for that sense of loneliness which every student must feel on first coming to London, by affording society the nature of which is known—is not left to be determined by the chance associations of an idle hour, but is that of his own class, some his superiors in standing and ability, some his inferiors, some his equals; and each of these will learn and teach something to the other. He hoped, therefore, to see the present college enlarged, and

that which is the great desideratum of the time, means for improvement, especially the social improvement of the student, greatly extended.

In conclusion, Dr. Martin said it might be asked what lessons he intended to convey to his younger hearers. He had endeavoured, he feared with but imperfect success, to teach them, from the example of those good men whom he had commemorated, how industry, perseverance, and good conduct, and a careful using of the talents committed to their care, will safely and surely lead them to the highest position in the profession—a position which the exercise of a true Christian charity will best enable them to grace.

CHARING-CROSS HOSPITAL.

INTRODUCTORY ADDRESS BY DR. HEADLAND.

DR. HEADLAND reminded his audience that ten years ago he had delivered the introductory address in the same theatre. The subject was a trite one, too often dwelt upon to leave much room for variety of treatment. He had to commend the pursuit of Medicine to those who were just entering on their course of study. The pursuit of any one of the three learned professions demanded a certain amount of patient industry, as well as a degree of ability somewhat beyond the average. There were points of resemblance between the three pursuits—physic, law, and divinity. There were matters in which their co-operation would be of advantage to the community. In disease of the mind connected with disorder of the body the priest might ask the aid of the physician, and in the reverse case the physician might receive assistance from the priest. The lawyer might commend to the charge of his medical friend those who seemed to have erred through a defect of organization; while the incorrigible drunkard and profligate might not improperly be transferred from the care of the doctor to the salutary restraint which alone would suffice to correct them. Plato, in his "Republic," drew a curious parallel between the functions of the physician and the judge. "They are to bestow their services," he says, "on those only of the citizens whose bodily and mental constitutions are good and sound, leaving those who are otherwise as to the state of their body to die, and actually putting to death those who are naturally corrupt and incurable in soul." This method of procedure would save both professions from a vast amount of trouble, but it cannot conscientiously be recommended for general adoption. It was they who were sick who needed the physician; but as few were, strictly speaking, whole, the greater part of mankind fell naturally under the guardianship of the practitioner of medicine. The lecturer then reviewed at some length the various functions of the physician. He described him in turn as the discoverer, the teacher, the healer, and the reformer. The physician must always be at the same time a man of science. Some part of his art was capable of far greater perfection than it had yet attained to. There was yet much to be done in the investigation of the chemistry of disease. When we understood that better, we should be better able to apply our remedies. Most of the applications of our drugs had been discovered by happy accidents. A better knowledge of their mode of application would enable us to make a wider use of these weapons of our armoury.

Dr. Headland regretted that he could not anticipate much from the plan of concerted observation proposed at a late meeting of the British Medical Association, and deprecated the encumbrance of our National Pharmacopœia with a host of American herbs of doubtful credentials. As to veratrum, said to resemble digitalis, Dr. Headland would discard from practice all remedies whatsoever that restrained the action of the heart. "The greatest improvements," said the lecturer, "to which I can point in modern medicine are the substitution of a supporting regimen for lowering treatment in inflammations and fevers, the discontinuance of venesection, and the disuse of that pernicious system of over-physicking with which our ancestors, *secundum artem*, dismissed the sick man from the scene of his earthly trials." The duties of the physician as teacher of the multitude—who often did not know what was good for them—and as sanitary and social reformer, were next dwelt upon.

The rewards which the physician might expect for a life of toil and self-devotion were not the highest the world had to bestow. In the esteem of mankind at large, a man who made two men live where but one lived before, was not worthy of any special praise. The improver of the breed of oxen was held in more honour than the improver of the breed of men. The man who had removed the duty from some trivial article of import—he who had been sent as ambassador to conclude a treaty of amity and commerce with the King of the Cannibal Islands—such men received peerages and statues. A man who should rescue our youth from the scourge of consumption, or discover a method of preventing small-pox, might seem to us scarcely less worthy. Yet the pitiful memorial which in the public square hard by had been raised to Jenner had been banished, even with ignominy, from the honourable neighbourhood of men esteemed great because they killed their fellow-creatures, whereas he only saved them. But it did not matter much. A thousand years hence it would be of small importance to us in what estimation we happened to have been held by the world.

Dr. Headland alluded to the death of Dr. Shearman, and to the changes that had recently taken place in the staff of the College and Hospital, and concluded by hoping that none of the students would have cause hereafter to regret their selection of a medical school. "There are societies," he said, "which have reached their zenith, and are now year by year declining in numbers and influence. There are institutions whose friends are struggling with those symptoms of early decrepitude which they are powerless to control. Ours is not one of these. This College has youth and health on its side. It is yet strong and growing. Situated in a commanding position in the centre of London, circumstances seem to point it out as likely, ere long, to assume a foremost place among the great educational establishments of this kind in the metropolis."

ST. GEORGE'S HOSPITAL.

MR. PRESCOTT HEWETT'S INTRODUCTORY LECTURE.

THE lecturer addressed himself to the younger students—to those about to join the ranks of the profession. In doing this he began by stating that, rightly understood and rightly practised, the profession of Medicine had two essential characteristics—self-help, self-sacrifice; and, as well-marked examples of what might be done in the medical profession by well-guided self-help, he just instanced the life of Henry Gray, who, without friends, without interest, and with but very slender means, had in a few years won for himself a most brilliant position at St. George's Hospital. He then instanced the career of a friend of his earlier youth, who, notwithstanding the greatest privations, had by his own exertions succeeded in obtaining a high position. The first step taken by both these men, who were alike remarkable for their great energy and for their unflinching zeal, was the same. They both of them went at once to the dissecting-room, and there they worked unremittingly until they had made themselves first-rate anatomists. The course pursued by these two men was then contrasted with that taken by most students, who, instead of learning their anatomy practically by diligently dissecting, got it up by lectures and by cramming. The evils which were in after life sure to follow such a course were then pointed out, and the necessity of a thorough knowledge of anatomy, which could only be gained by contant dissection, was dwelt upon. Stress was then laid more particularly upon the value of surgical anatomy, and the students, one and all, were urged to take every opportunity of learning to operate upon the dead body. This Mr. Prescott Hewett thought was a part of their professional studies which was by far too much neglected by the London students; and after describing what was done by the French schools in this matter, he urged the boards of examiners to make operating on the dead body a part of their curriculum. Operating upon the dead body would not, however, he continued, of itself make a good operating surgeon; it would give knowledge, it would give dexterity of hand, but it could not give coolness—it could not give presence of mind. But these essentials, the very backbone of a good surgeon, if not given by nature, were to be acquired.

The necessity of obtaining a thorough knowledge of chemistry and of physiology was then dwelt upon. But these various sciences were to be viewed by the student of medicine simply as so many steps by which he was to prepare himself for the great business of his life, the study of disease. And here Mr. Prescott Hewett pointed out that the best way to study disease was to study it at the bedside of the patient, and in the post-mortem examinations as often as they took place. The student

was to spend as much time as possible in the wards of the hospital, even from the very beginning of his studies, and to keep accurate notes of the cases that he was attending to. Such a plan involved, it was true, great and unremitting labour; but whatever the labour, the returns were sure to be ample in after years; for men who went through the training turned out to be the best and the most successful practitioners. The time spent in the wards was to be equally divided between the surgical and the medical wards; for it was a fundamental error to suppose that a man could be a good surgeon who was not also a good physician. The result of the most carefully, the most dexterously performed operation might be marred by the subsequent medical treatment—examples of which were given—and, failing in their medical knowledge, the best operators were but very indifferent surgeons. In all this Sir Benjamin Brodie was held up as the example to be followed, for to the most extensive and profound surgical knowledge he joined great and accurate medical knowledge. The student was then warned that in the ardour of investigating the disease he might possibly be led away and forget the sufferer, but this was an error which might easily be guarded against; and he was, on the other hand, to be careful, and make it his bounden duty to be ever kind, ever gentle to all those with whom he was brought into contact in the world, and his visit, instead of being a sore trial, would be looked forward to with pleasure, and remembered with gratitude.

Leisure hours the student must and ought to have, and it was a question of vital importance how these leisure hours were to be spent. If spent in vice or in idleness, the whole life might hence get a colouring which it would never lose. But students about to enter the profession were fortunate, inasmuch as a good preliminary education was nowadays demanded of them, and men who once had had given to them the rudiments of a good education could never be at loss how to spend any leisure time they might have. The medical man might in his professional avocation be called upon to mix with the best and the most highly educated society, and if he had, unfortunately, neglected his general education, would soon find himself at a disadvantage; and bitter would then be his regrets that he had, whilst a student, allowed his leisure hours to pass without turning them to good account. A portion of the student's leisure time was then to be spent, first in acquiring a thorough knowledge of his own language, and then of French and of German.

And, in conclusion, there was one subject to which Mr. Prescott Hewett strongly urged the students to devote some portion of their leisure hours. It was, he said, a subject to which, generally speaking, too little attention was paid by the medical profession, but it was a subject which, to surgeons especially, was, he was convinced, of the utmost importance. The subject alluded to was the art of drawing, by which, if thoroughly learnt, not only was the hand trained to great dexterity and great steadiness, but the eye also was taught accurately to recognise differences in shape and variations in colour. Added to which, there was the great, the exquisite enjoyment to be gained by a taste able to appreciate the beauties of nature and of art—a taste the due cultivation of which tended to make a man both happier and better, and helped him to discharge the duties of his profession with all the lighter heart.

GROSVENOR-PLACE SCHOOL OF MEDICINE.

INTRODUCTORY ADDRESS BY DR. CHOLMELEY.

THE lecturer began by some remarks on the gathering of old and young men and students which annually took place in the English schools of Medicine on this day—a gathering animated by one and the same object, the promotion of medical science; and pointed out the encouragement to be derived from the fact that in so many places men were drawn together at the same time to bid God-speed to all engaged in the great work of medical education. He then went on to speak of the duties and responsibilities of the medical profession, how these are higher and more weighty than those of any other secular pursuit; the medical man undertaking to wield and apply the manifold gifts which infinite love and mercy place within the reach of man to alleviate and overcome the innumerable pains and woes which he has called down upon himself from infinite justice. He pointed out how this demands the untiring exercise of the highest powers of man's intellect; constant self-denial and self-sacrifice; constant culture of a pure love and sympathy for our fellow-men.

Examining the various studies and methods of study ordered for the students, he warned them against neglecting any of these, each science illuminating and aiding the study of every other. He enforced the necessity of cultivating especially habits of close, careful, and exact observation; pointing out how many influences are ever at work to render the observation of medical facts in a high degree difficult and rare. While accurately, honestly, and independently observed and recorded facts are the stones of which the temple of Science is built, hasty and inexact observations serve only for the foundation of quackery and false theorization.

"The science of physiology—the study of man in health,—based on a deep and minute knowledge of anatomy, and illuminated by all those physical sciences previously mentioned, prepare and fit you for the great work of life—the study of man in disease; and again I urge you to learn all you can of each and all of these—not merely all you *must*, but all you *can* learn. Having learnt the structure and functions of the different parts of the body—the adaptation of structure to function, and the interdependence of each part upon every other—no one part or function being able to say to another, 'I have no need of thee,' but each ministering to the well-being of each and of the whole,—next it will be your privilege to watch how each part behaves under disease—to learn how one function can aid and supplement another, where this is impaired and injured by disease and decay—how this wonderfully and fearfully made body of ours is fitted for disease as well as for health, 'for the storm as well as for the calm.' Your fields of labour will be the out-patient rooms and the hospital wards. In the former you will see vast numbers of those slighter cases of injury and disease which will form the greater part of the cases afterwards committed to your care. You will learn how to quickly yet accurately observe, and classify, and successfully treat these; how to distinguish between slight and grave maladies, and recognise the beginnings of the latter. In the hospital wards you will have the opportunity of watching these through all their stages. Oh, beware, gentlemen, how you neglect such opportunities! Diligently, zealously—I had almost said jealously—observe every case you enter; note its every stage, every change, every complication; pursue each case to its termination; follow it to the dead-house, if such be its sad bourne, and there learn how the Destroyer broke into the stronghold of life. One case so observed is worth months of formal attendance in the wards.

"But while doing your duty to the profession, and to those who may in future be entrusted to your care, by observing with perseverance and pertinacity the course of disease in hospital patients, forget not also the duty you owe to these patients. I hope I need not warn you to treat them with all possible gentleness, delicacy, and courtesy; to do unto them as you would that others should do unto you. As gentlemen you cannot fail in this. But, more, regard them with reverence, with gratitude; they are stricken by poverty as well as by disease. From them you will gain the knowledge that will fit you for your profession; to them you will owe the power of doing good to others. Whatever success and distinction you may gain in life, you will owe to the poor fellow men lying in the long rows of beds of weariness, pain, and sickness in the hospital wards. Oh, never lounge and loiter in those temples of adversity and disease! enter them not save with fervent hope and earnest desire to learn how to help and comfort the suffering, gratefully and reverently seeking this knowledge from the sufferers there, and they will feel and acknowledge the purpose and hope that conduct and rule you, and will themselves be comforted and consoled thereby."

The lecturer then spoke more in detail on the methods of study directed for the student, and on the privileges and pleasures of the practice of medicine, and concluded by asserting that, rightly studied and practised, it would enable a man to bear with calm hope and trust the solemn summons to give an account of his stewardship.

GUY'S HOSPITAL.

MR. J. C. FORSTER'S INTRODUCTORY LECTURE.

AFTER a brief allusion to his own position as the inaugurator of a new session, and to that of his fellow-lecturers similarly occupied at other hospitals, coupled with a few compliments to the various classes of his auditors, Mr. Forster proceeded to address himself more particularly to the students, urging upon those who had already been pursuing their studies for some time the necessity for renewed and increased zeal, and the de-

sirability of looking in an earnest and cheerful spirit upon a profession surrounded with difficulties and discouragements so far as regards worldly success, yet offering so wide a field for the exercise of man's highest aims and noblest principles. He also urged them to follow in the footsteps of those who had distinguished themselves by their attainments in the school of Guy's Hospital, and made special allusion to the University of London in connexion with them. He then alluded to those students whose time had been given up more to pleasure than to study, and entreated them not to be under the delusion that a few weeks at the "mill" towards the close of their hospital career would avail much in preparing them for their profession. He congratulated himself that very few of that class were present, but would feel satisfied if his urgent injunctions to begin well and then to work steadily and continuously on were the means of inducing even one to turn from the error of his ways. He then addressed those about to leave the hospital, reminding them that its portals would never be closed to them, and assuring them that their success must ever be a source of deep gratification to those who had watched and instructed them, provided that positions of responsibility and usefulness, rather than of mere gain, were attained. He also adverted to the advisability of keeping up a good feeling amongst fellow-students by means of "Guyite clubs" (of which he mentioned there were already several), and then proceeded to address those present for the first time as students of Guy's Hospital, asking them with what motive they had chosen the medical profession, and telling them that, if it was with a desire for position or wealth, they would meet with sad disappointment, as a peerage had never yet been the reward of medical skill, nor had large fortunes been realized except by a very limited number, and the prizes in the lottery of professional life were chiefly gained by the specialist and the charlatan. Still he assured them an honest competency was within the reach of every man justly dealing by his profession, though not so golden a reward as that attainable by the merchant, the banker, or the scheming man of business; but the medical man should look for a higher and better reward in the consciousness that he was to the best of his ability carrying out the purpose to which he was ordained by his Creator. Should some of them have taken up the profession from a sense of filial duty, they were not dissuaded from following it by the lecturer, but rather urged to increased diligence on that account; and the acquisition of professional knowledge was held out as being in itself more than a compensation for the labour it involved, its value being beyond calculation. He honestly believed that no better preliminary education could be devised for any man than that acquired within an hospital, being as it was a knowledge of man, of the whole world, and of science in its profoundest and its most practical bearings; and the medical man—if really one—being a philosopher, a man of sentiment, of thought, of action—called by his duties for, and furnished by his education with, all the qualifications, resources, and habits which perfect or adorn human nature. Yet, while dwelling on the advantages, the disadvantages of the profession must not be concealed; by the undeviating law of the Creator, every position must have a bright and a dark side to the picture. It was only wonderful that those who had seen anything of the disadvantages alluded to should be bold enough to enter the profession; and the love of science was assumed to be the motive which induced them to meet the sacrifices they would be called upon to make. He then mentioned the effect of the distressing scenes so frequently witnessed as hardening the sensibilities—the loathsome sights, from which even the experienced recoiled, as oppressing the hearts of the young with tenfold intensity—and the operations of surgery as harrowing in a very great degree; and he assured them these feelings were not only natural but right: the human form divine, even when the spirit had fled,—perhaps then most, as suggesting feelings of loss and regret,—demanding, and from every well-ordered mind receiving, reverence as the Creator's noblest work—as the vehicle of his brightest revelation. God forbid that it should ever be desecrated with irreverent hands! It should ever awaken in our hearts the remembrance that soon we too must come to the same condition. But feelings of this class the student, though bound to cherish, was also called on to repress. The ideal must be sacrificed to the real. His occupation must be in the dissecting-room, there furnishing himself with a precious treasure, the interest of which he must dispense in after-life to his fellow-men.

The lecturer then impressed on his hearers the fact that, as a rule, when students left the hospital their study of anatomy ended. Other branches of their profession might receive—and he would not think so ill of any of them as to doubt they would receive—their constant attention; but with regard to anatomy, he feared the lack of opportunity, and the pressing claims of matters more directly connected with practice, almost excluded it from even the thought of those who formerly took the most eager interest in the study. As a teacher of anatomy, he deplored the circumstance, and expressed his opinion that fewer errors of diagnosis would occur if the knowledge of its minutiæ were kept constantly fresh in the mind. But much change in this respect not being to be looked for, he urged them to get their minds well stored in their pupil days with the stubborn facts of anatomy; and these could be learnt in the dissecting-room alone: no repulsion, and hence no attraction elsewhere, must induce them to absent themselves from it; and he assured them that in this, as in all cases of duty resolutely undertaken, the satisfaction in its performance would be more than a reward for the labour bestowed. No study could be more capable of exciting an ardour before which difficulties vanished, and all that was repulsive disappeared, than anatomy, which also, by its requiring a methodical arrangement of the facts necessary to be remembered, was of inestimable value in forming habits of order in all their studies. Mr. Hilton's recent admirable lectures at the College of Surgeons illustrated these advantages very forcibly.

To return to the disadvantages of the profession: the medical man in active practice could never have a mind at rest; if he honestly performed his duty, felt anxious regarding his patients, and really loved his profession, his cares must surround him at all hours. How serious the responsibility even to those whose conscience rebuked them not for time misspent and opportunities wasted! How intolerable should it be to those who had failed to acquire knowledge which might sometimes have turned the scale between life and death! Still further disadvantages existed in the ingratitude of some to whom invaluable services had been rendered; good intentions misinterpreted, labour unrewarded, calumnies sometimes, though not often, due to those whom a common cause should have bound together. These things, added to the sad consciousness of inability to save the dying, the sight of widows' tears and orphans' more pitiful unconsciousness, often wrung the heart and tried the patience of the conscientious practitioner. It behoved them, therefore, to reflect on these things before entering that day on the profession which involved them. But he could not doubt they had already decided on preferring the honourable to the merely pleasant in their choice of a career; and he assured them that they had chosen wisely, its attractions far outweighing its pains. He could well understand the man of business gladly exchanging his monotonous life for the mind-invigorating and satisfactory course of the medical practitioner, but was at a loss to comprehend the latter ever abandoning his noble profession for any other pursuit.

He then presented the brighter side of professional life, calling their attention to the heartfelt gratitude which would frequently be evinced towards them; to the welcome they would receive in all scenes of suffering and sorrow; to the certainty of friends rallying round them whenever they should be the subjects of attempted wrong; and to the infinite happiness they might, and indeed must, derive from the sight of returning health in those whom their skill had benefited. Nor must they imagine that the dissecting-room and the operating-theatre blunted the sensibilities to more than a certain extent. No class were so sensitive to the pain of others, so ready to sacrifice self, to resign comforts and enjoyments for the sake of relieving suffering, as medical men. Again: though the vices and the weaknesses of humanity were open to them more than to any others, ought not the lessons to be derived from the contemplation of these things to be more than compensation for the painful scenes often presented to their view? And not only would they derive, but also confer, great benefits; for medical men were usually the friends, the advisers, the father confessors of their patients, and possessed of greater influence over them than men of any other profession. If they worthily discharged their duties, none more closely walked in the steps of the Great Physician. These, the lecturer observed, were privileges to be aspired to, but not to be purchased without effort; and in the few years of an hospital career, an immense amount of knowledge must be concentrated as preparation for a life of immeasurable value and happiness, or the foundation laid for a life of constant regret.

He urged upon them the necessity for using the brief time accorded to them in this world in preparing themselves, by the zealous employment of the talents entrusted to them, for entering upon another; and insisted upon the constant presence in their minds of this best stimulus to work as tending to the greatest happiness. How they should occupy their time in detail he would not attempt to dictate, but would only entreat them not

to despise any one of the studies within their reach, but endeavour so to avail themselves thereof as to be centres of scientific enlightenment wherever they might go. This was usually expected of them, at any rate in rural districts; and they should take care worthily to realize the expectation. Most of their time at the hospital should, however, be spent over those studies which they would have least opportunity for elsewhere. He then alluded to the due employment of the senses, and the value of observation in comparison with mere book learning; and mentioned a recent proposal for admitting ladies into the ranks of the profession, assuring them that no prejudices would stand in the way of their admission if the sterner sex failed to qualify themselves for their duties.

The lecturer then entered upon the subject of recreation, advising them to seek rest or change of studies, rather than to expend their energies in exciting pleasures; and, above all, never to allow anything to prevent them from observing the day so wisely ordained by their Creator for the rest and refreshment of his creatures.

He next proceeded to descant upon the advantages of Guy's Hospital,—first, as offering so large a sphere of observation, always an immense boon to the student; next, as possessing a museum, taken in its entirety, unequalled in the world; finally, as comprising within its walls all the advantages of special hospitals, against which he expressed a strong opinion. He then urged them to work with a higher aim than merely to pass examinations with credit, though he would by no means undervalue these ordeals, inasmuch as they afforded the only guarantee a student could give of fitness to practise his profession. In conclusion, he adjured them to remember that the privileges to be aspired to far outweighed the disadvantages to be contended with in the profession, and that these privileges would only be accorded to the industrious, painstaking, conscientious student; and, above all, to remember that if their share of this world's honour and this world's wealth should be but moderate, the reward which all might hope for who earnestly and faithfully fulfilled their mission would be eternal.

LONDON HOSPITAL.

INTRODUCTORY LECTURE BY MR. HUTCHINSON.

THE lecturer commenced by stating that one ostensible object of Introductory Lectures was to welcome those who were newly commencing the study of Medicine. To those who for the first time were present as students of the London Hospital College he begged to offer, on the part of the Professors, and also of those who would be now their companions and senior students, a warm and hearty welcome. He could assure them that no effort would be wanting to render the period of their student life agreeable in the present and profitable in the future. He would next congratulate them on their choice of a profession. The science of Medicine had year by year taken a wider and wider scope, and, embracing what it now did, there was none more deserving of zealous cultivation. In the selection of a profession, a primary object of anxiety to every man ought to be as to what would be its influence upon himself. Taken as a whole, he did not believe that any pursuit more favoured the mental and moral development of those devoted to it than did that of Medicine. He would not attempt to draw any comparison with others, but would simply assert, on behalf of Medicine, that, so far from requiring the repression of any faculties, it demanded the full exercise of every endowment of the human mind; in doing this it favoured the growth of a vigorous and unwarped character.

Mr. Hutchinson then proceeded: "To say that medical life made incessant demands on the exercise of the affections; that it brought men into contact with their fellows under circumstances the most likely to call out 'the charities which soothe, and heal, and bless,' was but to state what everyone would acknowledge. In like manner it was not needful to insist that it gave the fullest possible play to the faculties of reason, reflection, observation, and memory. With regard to the imagination, however, there was an impression abroad which he took leave to consider as a great mistake. It was thought that men of science, and physicians especially, ought to repress this the noblest of our mental endowments. If the truth were so, it would indeed be a humiliating fact; but, so far from it, he would undertake to assert, that in no avocation was a healthy and vigorous power of imagination more useful. Let it be remembered that there is a broad distinction between imagination and fancy. The one deals with the unseen, but real; the other with that which is neither seen nor real. Imagination is, indeed, rightly considered, the art of bringing before the mind's eye a clear image of that which is not really under the sight. There may, of course, be errors of imagination just as there are errors of reasoning, errors of memory, and errors even of sight itself. Now, as the majority of objects with which we have to deal are not at the time actually under view, the power of forming clear, definite, and truthful images of them becomes of the utmost importance; it is, in fact, the only way in which muddle-headedness can be avoided, and its greater or less development constitutes one grand difference between individual men. To a good surgeon, with a clear image-forming faculty, a man's body becomes transparent. Is a bone dislocated, he sees through skin and muscles right down to the seat of injury, and recognises the exact relative position of the now displaced parts. If it be objected that this is the work rather of memory and of previous training than of imagination proper, the reply must be, that all imagination is necessarily built on memory. It is, however, far more than mere memory, since it can advance forward from the facts furnished by memory to others, which are only to be arrived at by inference. One man is able to form very correct ideas of objects—countries, for instance—which he has never seen; whilst another requires that everything should be subjected to his eyes before he has any definite conception of it. The difference is in the power of imagination. An ingenious writer has remarked, that he who first used the expression *ex pede Herculem* must have been a very stupid man, since it is surely not needful to see a whole foot in order to infer the stature of the man. A hair ought to suffice; and he adds: 'To the mind of an archangel a pebble would be a sufficient datum on which to construct the universe.' Tasks somewhat similar in nature are constantly submitted to the surgeon, and he is every day under the necessity of reasoning from a small fact up to a great conclusion. If he cannot imagine accurately much more than is actually before him, his scope is limited indeed. To obtain a clear mental conception of any one of the processes of disease, requires a very sustained exercise of a trained imagination. Indeed, the importance to the surgeon of a careful cultivation of this faculty could scarcely be overrated. How, indeed, are the brilliant achievements of genius accomplished but by the efforts of an imagination so exalted in grasp, so truthful in vigour, that it seems, to ordinary men, to reason without premisses, and to find out truth by inspiration. The poet applies this faculty to the loftiest themes, the surgeon uses it in a more homely field; but in both it is the same power, and in both it is indispensable. Not only is the surgeon indebted to imagination for great assistance in the practice of his art, but he may also draw from its use the most cogent motives for industry and patience. It brings him into sympathy with his patients. Where the prosaic surgeon sees only a stupid, ill-satisfied grumbler, the imaginative faculty will often enable another to glance into the poor fellow's home, and to recognise the fact that his impatience is solely due to the knowledge that every day of his prolonged incapacity for daily work involves the deprivation of daily necessaries to those whom he most loves. Surely such an insight must be most highly calculated to increase our zeal and add zest to our success.

"Amongst the advantages of the medical profession to those who practise it, ought also to be mentioned that its main scope consists in the pursuit of truth, and that in this pursuit it imposes no restraints whatever upon the conscience. There is every motive for candour and for honest zeal, truth—the simple, pure truth—being in every instance the only aim in view. In respect to the variety of employment which it affords, it is probably unequalled. The mind of the surgeon need never be fatigued by dwelling too long on the same subject; and to most, not only is mental occupation afforded, but a very considerable portion of time is taken up in travel, and even in employment of the hands, securing in both instances great benefit to the mind. Of all professions, there is probably none which so nearly exempts from pecuniary anxieties as does that of Medicine—there is none in which a man can with more certainty secure to himself all the advantages of riches. There is none, also, which can afford such a constant succession of small pleasures. In it a man does not toil wearisomely through three-fourths of his life in order to secure, by so doing, the means of enjoying the remainder: his enjoyments come in daily instalments, and the mind is thus stimulated and nourished by a regular supply of healthy pleasure.

"Finally, amongst the advantages of our profession, let it be

mentioned that it affords full scope for heroism of character. Not even that of the soldier does more so. Our life is, indeed, a battle against physical misery, disease, and death; and in waging it there is ample room for the display of any amount of courage, any degree of negation of selfish interests of which we may find ourselves capable."

Having thus shown that the pursuit of medical science was likely to exercise a good influence on individual minds, Mr. Hutchinson proceeded to remark upon its usefulness to others.

"We might, with Mr. Ruskin, consider that there are 'five great intellectual professions relating to the daily necessities of life which have existed in every civilized nation:—The soldier's profession is to defend it; the pastor's, to teach it; the physician's, to keep it in health; the lawyer's, to enforce justice in it; the merchant's, to provide for it.' All these are mutually needful to each other, and it would be ill-judged to draw any comparison between them. A moment's consideration will, however, show that to 'keep it in health' is not the least important. Let us always avoid most earnestly all limited views of our profession. The true scope of Medicine is the study of life and of its imperfections, with the hope of increasing and sustaining the one, and of reducing the effects of the latter to a minimum. It aims at no less than an actual increase of the sum of human vitality—at securing that vitality on a firmer basis, and making it capable of a wider happiness. Not that we do battle against all death, for none know so well as the physiologist that what we so denominate is in reality merely change, and consequent on Nature's most essential laws. We follow Nature, and in no respect wish to thwart her. But we do aim, under her favouring influence, and in pursuance of what we cannot doubt is her beneficent will, to prevent premature death, and to secure for each successive generation the fostering care of the one which preceded it. We aim to remove, as far as practicable, all physical bars to human happiness—to free the masterpiece of creation from the imperfections of physical disease.

"Think for one moment of what orphanhood is in its actuality: contrast the happy home and the mother's smile with the workhouse nursery, and you will have some measure of the value of medical art. Use your imagination; realize that this is no fiction, but that the misery consequent on the premature loss of parents is at this moment being endured by thousands and thousands over the length and breadth of our own land. Rest assured that much of this Medicine might have prevented, and that in the future much of this Medicine will prevent. I might illustrate this yet further were it needful, and might remind you of the unspeakable losses which science sustains by the frequent premature deaths of those who cultivate it; or, to select one particular example, call to your remembrance a recent death, by which it is scarcely too much to assert that a young nation, in the struggles of early existence, was left an orphan.

"But it is not only with life and death that our profession has to deal. In the attempt to economize human happiness there are no details too minute for its care. There are many ills which, whilst they do not threaten life, are yet sufficient to destroy its enjoyment. Think with what care Medicine addresses herself to the task of removing, whenever possible, imperfections in the inestimable gifts of sight and hearing. How many thousands are there at this hour who owe their present possession of these faculties to her aid! To look for a moment on the more melancholy picture—how many thousands are there who are now deprived of them, and to whom by a higher art they might have been restored!"

After some further remarks on this subject, the lecturer proceeded:—"And here it is needful that I should remind you that no good can be effected by mere benevolence. Science is the only power. Benevolence may supply the motive for the acquisition of knowledge; it may and ought to furnish the zeal by which knowledge is applied; but here its usefulness ends. There is no more common or more injurious mistake than the habit of allowing ourselves to suppose that we have done our best, when all that we are certain of is that we have earnestly meant well. It may have been our best for the time present; but our real best is only attained when we bring to bear all the knowledge that through the whole of our previous existence it had been possible for us to have secured. A well-meaning surgeon may attend, with the utmost painstaking, a case of obscure injury to the hip-joint, and may yet leave a dislocation unreduced, simply because his knowledge was not adequate to the needs of the case. You may sit by the bedside of your own child, ill with pneumonia; but all your affection, all your earnestness of will, can avail nothing to save its life, if your pathology and therapeutics be at fault. Better the most cold-hearted, if he be skilful, than the most benevolent, if his heart be not adequately supported by his head. I am not underrating good intentions, but only remonstrating against their being allowed to inflict injury by improper employment. The amount of human energy wasted, or worse than wasted, at the present time, through want of knowledge, is incalculable. The true use of benevolence is to nerve a man onward in the resolute pursuit of knowledge. A wise and far-sighted man may often be impelled by it to undertakings at first sight very remote indeed from its walks. A surgeon will be sent to the dissecting-room; he will devote days and nights to the laboratory and to the study; he will come to treat his fellow-men, for the time being, as if they were so many machines; he will appear to be absorbed in dry, hard, matter-of-fact science, when possibly he is urged into those very pursuits by a depth of feeling of which those who criticize him know nothing. It is curious and very instructive to note that, as a rule, they accomplish most who begin at the greatest distance from their object. An enthusiast in benevolence, possessed of an ample fortune, and desirous to devote all to the advancement of human happiness, could, I am assured, do no better than—provided he had sufficient confidence in his mental powers—set himself apart to the study of physiology. His hope should be to become, not what is commonly understood as 'a practical man,' though we by no means speak slightingly of tact and ability in the direct application of knowledge, but his ambition out to be rather to improve our knowledge of laws—to extend and strengthen the hidden foundations upon which all practical art is built."

Mr. Hutchinson then proceeded, in some detail, to refer to the best methods of study. He reminded those present that, although they would be learning throughout life, yet that the years of studentship might be considered in an especial manner as their seed-time. He begged them to be liberal in sowing, and assured them that all attempts to save in seed-corn (whether as regards time, money, or labour) would inevitably prejudice the harvest.

After a brief *résumé*, he then concluded:—"And now, gentlemen, I cannot find words to express how much I desire that the session of which this lecture is the commencement may be one of earnest work. Let us, both teachers and students, devote to our vocation all the time, all the thought, all the vigour that we can command. I might urge many cogent motives for such a course. I will cite but one, and it shall include all: *it is our* DUTY.

> 'Thyself and thy belongings
> Are not thine own so proper as to waste
> Thyself upon thy virtues—they on thee.
> Heaven doth with us as we with torches use—
> Not light them for themselves; for if our virtues
> Did not go forth of us, 'twere all alike
> As if we had them not. Spirits are not finely touch'd
> But to fine issues. Nor Nature never lends—'

Mark that word 'lends,' gentlemen. It is a loan, and not a gift. It is that which no honest man would ever dare to misappropriate.

> 'Nor Nature never *lends*
> The smallest scruple of her excellence,
> But, like a thrifty goddess, she determines
> Herself the glory of a creditor—
> Both thanks and use.'"

ST. MARY'S HOSPITAL.

DR. SIEVEKING'S INTRODUCTORY ADDRESS.

THE lecturer commenced by dwelling on the utility of the custom prevailing throughout the civilized world of setting apart certain days as holy days, or days of mark, on which to take a suitable retrospect and prospect—days on which we should gird ourselves afresh for the work we have to do; seek for means of increasing our strength, or urge one another to greater exertions. For St. Mary's Hospital the 1st of October was such a *dies fastus*, which claimed a place for itself. It was the commencement of a new *annus medicus*, which to teachers and taught was equally fraught with solemn considerations. The lecturer expressed a hope that the retrospect enjoined by the day upon himself and his colleagues might offer encouragement to proceed vigorously in the performance of their high responsibilities; that to the student the day might be a warning against past errors, and give hopeful assurance of daily increasing success; that to all it might be a day of renewed determination to work together for the achievement of the

highest ends—a day of good fellowship, such as it becomed Christian gentlemen to foster and cultivate when brought together under circumstances like those which united the lecturers and students of St. Mary's.

Dr. Sieveking, after these introductory remarks, proceeded to offer to the students, and especially to the freshmen, an outline of the scope of medical science, embracing its humanitarian or social, and its scientific aspects; the dangers which beset the path of the student, and the prospects which lay before him. The lecturer first adverted to the motives which induced a young man to follow the medical profession, and thought that they were essentially to be found in that desire to benefit others, to offer comfort and help to the sufferer, which underlies the successful practice of every medical man. The promptings of mere ambition would not urge anyone to the study of medicine, because it did not hold out that kind of reward of place or power which might fall to the lot of the lawyer or churchman. The rewards belonging to medicine were essentially intrinsic, to be found in the study and practice of the profession; while the philanthropic motives that influenced the beginner would sustain and gratify the practitioner throughout his active career. The medical man was essentially the friend of the sick, and it would be impossible for him to practise with benefit to his patients, or profit to himself, unless his work rest upon thorough and genuine sympathy. Dr. Sieveking showed that even in Homer's time the character of the physician was well appreciated; for he said that

> "A wise physician skilled our wounds to heal
> Was more than armies to the common weal."

But the real social power of the healing art was not manifested till after the Christian era. One result of the social character of the medical art was the intimacy that existed between patient and doctor—an intimacy honourable alike to both. After pointing out the social or humanitarian aspects of Medicine, Dr. Sieveking passed to the consideration of its intellectual features. It is here, he observed, that the peculiar charm resides which fascinates the true student; it is in the search after truth, guiding and ruling the universe; it is in that approach through Nature's works to Nature's God—in that endless display of new marvels, intimately linked with previous achievements of scientific research, that the medical man finds much solace and comfort in the trouble and turmoil of life, and without which, probably, the ranks of the profession would not be recruited as they are. The lecturer pointed out how all the natural sciences were ancillary to Medicine. Life he spoke of as a constant warfare, by which the individual defended his existence against the inroads and attacks which the inorganic world make upon him. It was man's pre-eminent distinction to be empowered to wage this war consciously, inasmuch as he was called upon to "subdue the earth."

Dr. Sieveking went on to explain how and why the study of life in its healthy manifestations must precede all purely professional studies, illustrating his position in various ways. He then proceeded to analyze the duties of the medical man in regard to disease itself, as representing the circumstances in which the hostile influences overcame the normal powers of resistance. He dwelt upon the threefold character of these duties, as regarded prevention, cure, or alleviation. The *prevention* of disease, the lecturer remarked, was an act of self-denial on the part of the medical man, but one which (we might proudly put it on record) had never been imposed on the profession, but had been eagerly contended for, against the opposition of those very corporations and fellow-citizens who were, at the cost of physicians and surgeons, to derive the most direct benefit from the self-sacrifice of the profession. The scurvy, ague, and small-pox were cited, amongst other illustrations, as having been almost eliminated from nosology by the preventive efforts of medical men. The lecturer next touched upon the various points of interest connected with the *cure* of disease—the endless variety of aspects which morbid phenomena presented—the large freedom of action which the physician enjoyed in the use of his agents for combating them. In adverting to the power of medicine, Dr. Sieveking said that, owing to the somewhat indiscriminate way in which he had seen potent drugs and procedures employed during his student career, he had begun practice almost as a sceptic, but that the more he watched the action of medicines the more firmly he had become convinced of the definite power which they exert over disease. He warned against overweening confidence in drugs, which ended in polypharmacy, on the one hand; and against feeble timidity, leading to indifferent do-nothingism, on the other. In regard to the *alleviation* of disease, the lecturer urged that it was as much a duty as either of the methods of proceeding previously adverted to. While there was life the physician had a duty to perform: he could often assuage and relieve where he could not cure; he could always inspire moral consolation and comfort where mere drugs failed him.

The next topic alluded to was the influence of medical studies upon the character. The lecturer controverted the assertion that the sight of pain and suffering hardened the heart, and urged the great importance of self-control in the physician, for the purpose of inspiring the patient with confidence. He dwelt on the importance of genuine refinement in the physician, as essential equally in professional intercourse with the poor and lowly as with the rich and highborn. After alluding to the days when marquises were proud of pugilistic contests with jarvies and of their accumulation of door-knockers, and when they might have found imitators amongst a certain class of medical students, the lecturer asserted that such things belong to the past, and that the medical student of the present day was well worthy to belong to a community in which civilization had made greater strides during the last quarter of a century than during any previous part of our history. Dr. Sieveking then paid a well merited compliment to the students of St. Mary's, past and present, on account of the gentlemanly and studious spirit that had prevailed among them since the opening of the school in 1854.

In adverting to the intellectual dangers which beset the medical student, the lecturer dwelt upon the risk attending the unnecessary introduction of natural sciences into the domain of revealed religion. "We would say to the student," he observed: "avoid as much as possible the introduction of the crumbs of natural science, which you may pick up in your student career, into the domain of your religious thought. There is more than enough to occupy your whole powers in the legitimate study of your profession, and the earnest prosecution of your studies will daily open out to your necessarily limited vision ever-widening fields of Divine goodness and glory. Every day that brings more knowledge, should more and more realise in you the conviction that we now see through a glass darkly; and our constant intercourse with Nature and Nature's works, in health, disease, and death, should serve to give us the blessed assurance that the time will come when all our difficulties will be removed, and we shall see face to face."

Dr. Sieveking's concluding remarks were devoted to putting before the students, briefly, the prospects that lay before them. While no great rewards of place or power were likely to be theirs, they were not dependent upon the favour and interest of others in the same way as the members of other professions. On the whole, the lecturer thought the rewards the student might look forward to would be commensurate with his deserts; and although there were drawbacks, he was inclined to think that there was as much opportunity of happiness in the medical profession as in any calling. None was more useful; none allowed of greater independence of thought; in none were the opportunities so great for constant intellectual growth and development.

MIDDLESEX HOSPITAL.

INTRODUCTORY ADDRESS BY DR. PRIESTLEY.

THE lecturer said that, although he valued highly the privilege of delivering the Introductory Lecture, the pressure of occupations caused by the presence of the Great Exhibition, had been such that he would, for this year at least, gladly have escaped the duty. The profession the gentlemen had chosen deserved all their reverence, and was worthy of their utmost efforts to cultivate; and unless duly impressed with its dignity, they would be, as Bunyan's man with the muck-rake, engrossed by ignoble cares, regardless of the golden crown within their reach. Better than the occupations of ancient philosophers, whose intellects were exercised in mere unprofitable discussions, their work would consist essentially in doing good—in curing disease, and assuaging the sufferings of their fellow-men. Medicine was superior in some respects to the professions of Law and Arms, inasmuch as the great ends it achieved were not counterbalanced or diminished by any lesser attendant evils. Its advantages did not appear only in the exercise of duty as between doctor and patient, but Medicine had an increasing importance to the commonwealth and to the science of economics. It rendered service to the State, not only in healing men by units, but in saving whole races of men from untimely death. Jenner's wonderful discovery took by surprise, as it

were, one of the greatest scourges the world ever knew, and now annually saves more lives than the cruel and fratricidal war amongst our cousins across the Atlantic has contrived to destroy. But, startling as this might seem, we have within our very grasp the means of saving whole multitudes who now perish annually, if only the measures for obviating the preventable mortality could be carried out. The duty of the medical man consisted, therefore, not only in curing disease, but in preventing it by all means in his power. The necessity of scientific medical men in Parliament was greatly felt, but he recommended general constituencies rather than medical ones, lest the political interests of medical men should be regarded as apart from those of the community. When medical men were oppressed by boards of guardians or Secretaries at War he should rejoice to see the major evil inflicted on the services more frequently put to the front, and the greater injuries which resulted to the public made more prominent.

After alluding to the ever-widening horizon of medical science, and the difficulties students must encounter, not only in learning what is known, but in keeping pace with its constant advances, the lecturer warned gentlemen not to be led astray into any of those devious ways which everywhere beset the path of the medical man. There was no disguising the fact, that it was easier to grow rich by practising some kind of charlatanry than by following rational Medicine. The evidence of the value of remedies was avowedly most difficult to sift, and yet crowds of people swore by this nostrum or those globules, because they themselves, their wives and children, had been cured by them. Nothing could be more fallacious than such reasoning. The responsibility of so much quackery lay, in a great measure, at the door of the public. The craving for medicine, for active help, when no meddling ought to be attempted, offered a direct premium to over-dosing, and rendered it very difficult for the practitioner to do as he thought best. Penal clauses would be of little avail against quacks until the public were better informed as to the legitimate scope of physic, and knew more of the laws of Nature. He further warned the students when they entered practice against becoming paid advocates in the capacity of witnesses in courts of law. When pathological phenomena were so various, opinions must widely differ; but the opposing evidence of medical witnesses had lately become almost a public scandal.

A good intellect, industry in its exercise, earnestness of purpose, and genuine love of truth, were needful in most professions. For the practice of Medicine the exercise of the reasoning faculty and a well-balanced judgment were specially necessary. The power of observing accurately might be said to be more important even than the art of logic. Many intellectual men who reasoned well, observed imperfectly, and thus were misled by the vagaries of table-dancing, spirit-rapping, and the like. Attainments other than those in Medicine were very desirable for the medical man; they enlarged his mind and widened his mental vision. The art of speaking concisely, and with due regard to the value of words, in ordinary conversation, had been little dwelt upon by teachers, but was most important to the medical man. He should learn to convey even unpalatable truths, or sad forebodings, with the least possible pain.

In reference to the dispute between the College of Surgeons and the Medical Council, the lecturer said that he was under too great obligations to the system of apprenticeship to undervalue it; but he had no hesitation in saying, that time spent in apprenticeship should not be allowed to deduct anything from the four years spent in a medical school.

The organization of the profession was just now undergoing great reforms. The College of Physicians was waking up to a new sense of its responsibilities, and acting in a more catholic and less exclusive spirit. That it would submerge the Apothecaries' Company was in some degree to be regretted, because it was undeserved. It might be expedient that the Hall should now resign its functions, but the services it had rendered to medical education, and how it had advanced the status of general practitioners, should be gratefully remembered. He lived in hope that ere long general practitioners would be able to practise all branches of Medicine with one diploma, and that there would be no special diplomas for Medicine, Surgery, and Midwifery, each licensing body examining in all subjects.

Much had recently been said about specialties in practice; but however right it might be when their studies were completed to practise pure Medicine, Surgery, or Midwifery, there must be no undue bias to one or other until a knowledge of all had been gained.

In conclusion, the lecturer recommended students, that if they would preserve the *mens sana*, to keep it *in sano corpore*, and, under due subjection, to exercise themselves in cricket-clubs and volunteer meetings. Education which so over-refined the man as to make him less useful was not suitable for the medical man, and their motto should not only be "Excelsior," but also "Utilior." Medical students of our day were greatly improved in their general demeanour, and rarely did any breach of discipline occur at the Middlesex College. He would not, however, judge harshly the students of former days. One who knew their follies, but had witnessed also their self-sacrifice and tenderness—their devotion to the cause of the poor, the sick and helpless, had said, "Rough diamonds ye may be, but jewels ye are notwithstanding."

ST. THOMAS'S HOSPITAL.

DR. BRISTOWE'S INTRODUCTORY LECTURE.

AFTER a tribute of respect to the memory of the old hospital, where he said he had, seventeen years ago, commenced his studies, where he had worked continuously ever since, where he had made many friends, where also Cheselden, and Akenside, and Fordyce, and Cline, and Travers, and Tyrrell, had laboured and taught, the lecturer proceeded to welcome his auditors to the pleasant garden in which St. Thomas's Hospital and School had taken up their temporary abode. He reminded them that Jullien, Thackeray, and Spurgeon had each in their several ways done duty in that noble hall, now formally devoted to the purposes of an hospital. He asserted that the site was in very many ways well adapted to the purposes to which it was now applied; that the hospital, though not equal in extent and accommodation to the one which had been left, was still a handsome and commodious building, and superior in many respects to many of the London hospitals; and that the school buildings which had been so speedily erected would be found ample and convenient. Dr. Bristowe then went on to speak about the future of the hospital, which he said was the most momentous question with which the governors had to deal, and one which, putting all selfish considerations on one side, must be of the deepest interest to the medical officers, and all who looked on the hospital as their *alma mater*. He adverted to, and regretted, the disagreements which had arisen on this and other questions between the medical officers and governors, and attributed it to the fact that they were never brought fairly into contact, and had no opportunity of knowing one another in their corporate capacity. He asserted that the proper remedy was to admit the medical officers, or delegates from them, into the hospital councils.

The lecturer proceeded then to point out what he considered to be the essential objects of an hospital, and how, in the erection of a new hospital, the attainment of these objects could be best effected, premising that he had no intention of treating his theme exhaustively, but chiefly meant to discuss questions of controversial interest. He stated that the primary object of an hospital was the relief of the suffering and injured poor, and he proceeded to show that the cases for which an hospital was specially needed, and the cases which chiefly gained admission, were those of acute and curable diseases, and accidents, which demanded in their treatment prompt medical skill, and all that the resources of an hospital could furnish. The secondary, but not the less important, object was the education of medical men. It was not the less important because, while the immediate benefits of such an institution were conferred only on a limited and easily ascertainable number of individuals, on the good education of the younger members of the profession depended in a great measure the health and lives of the population at large. He showed, too, that it was in the combination of the two elements that each attained its highest degree of perfection.

The choice of locality for an hospital was next alluded to. He considered that a healthy site was imperative—that it was worse than folly to add knowingly to the risks of those whose lives were already trembling in the balance; but he added that a good deal of stuff had been said and written about pure air. In illustration, he showed how almost every one went, for the benefit of his health, to the sea-side; but he contended that the beneficial effects which ensued were due far less to purity or peculiarities in the air than to perfect rest from toil and anxiety, to good sleep, good diet, and other hygienic conditions. He did not deny that pure air was a valuable thing; neither did he deny that there was such a thing as poisoned air; but he asserted that most sources of poisoned air were in the premises where it produced its ill effects, and not in the surrounding atmosphere, and that most of the sources were

remediable, or had been remedied, and did not necessarily exist in London more than elsewhere. He admitted that certain peculiarities of atmosphere, such as warmth, cold, dryness, moisture, &c., were best adapted to certain constitutions, and to certain cases of disease; but he maintained that special atmospheric conditions of this kind could hardly be consulted in the erection of a general hospital. He said it might be objected still that it was well known that patients in country hospitals recovered more speedily and favourably than those in London; but, admitting the truth of this for the sake of the argument, he still asked how far the difference of result depended on country air, and how far on the different constitutions of the admitted patients in the two cases, and how far to the greater concentration of serious cases of disease in the metropolitan than in the rural hospitals. The truth he asserted to be, that good, pure air was of infinite service to every one in health and in disease, and that impure air was highly prejudicial; but that the purity needed was not the poetical purity of breezy hills, and that the impurity which was dangerous was not (except in very rare cases) the impurity of the atmosphere around an hospital, but the impurity of atmosphere originating within its walls; and that an hospital was not to be made a healthy hospital by carrying it to some fancy site, but by attending carefully to its construction and internal arrangements. He contended that there was no good object to be gained by spreading the buildings over a large surface; that an hospital was no more likely to be an healthy hospital if its wards were studded singly here and there over an extensive area, than if these same wards were piled one above another up to the clouds. He contended also that though airing grounds were essential to the patients, there was no necessity at all why they should be large. He did not wish to imply that it was unimportant to obtain as large an area as possible for the erection of an hospital, but he maintained that that excess of space was a luxury, and should not be secured at the risk of sacrificing other requirements, or of inflicting serious injury upon them.

In speaking of other matters connected with the welfare of patients, he took the opportunity of pointing out the improvement which had been made of late years in the diet of the patients, and especially in the system of nursing, and he passed a warm eulogium on the matron of the institution. He then proceeded to consider by what means the convenience of applicants and the admission of suitable cases might be secured. He showed from statistics of the places of abode of the in- and out-patients of St. Thomas's Hospital, last year, that the great majority came from within a circle round the hospital of two miles' radius; and he argued, as well from this as on other grounds, that to meet the requirements it was essential that the hospital should be placed in the centre of a crowded district, near to leading thoroughfares, and, if possible, not far from one or two railway termini. He deprecated the plan that had been suggested of dividing the hospital into two parts—one to be a receiving-house in London, the other an hospital for convalescent and chronic cases in the country. The receiving-house would, he asserted, become a second or third-rate London hospital, and that the country institution would lose its special character altogether; and he insisted, moreover, that such a division would necessarily destroy the place as a complete school of medicine. He contended that, if any division was to be carried out, it would be far preferable to make two London hospitals, to be placed in distinct crowded districts, than to carry into effect the scheme which had been proposed. He wished it to be distinctly understood that what he objected to was the division of the hospital, and not to any plan which might enlarge its sphere of usefulness. Hence he dwelt on the great necessity at present existing for sanitaria, and asserted that he should be glad to see established in connexion with St. Thomas's and other hospitals institutions of this kind—not, however, to be created out of funds at present devoted to other purposes, nor at the expense or injury of that kind of benefit which hospitals at present dispense. He advocated, in furtherance of the objects of the hospital, the formation of outlying dispensaries, to be administered by officers appointed by the hospital, and to be provided with ambulances or other means of transit for the conveyance of accidents or cases of serious disease to the hospital of which the dispensaries should be the tributaries.

Dr. Bristowe then made some remarks on special hospitals, and contended that if some of them were useful (as it was generally admitted that they were), it was impossible to draw any arbitrary practical line between those deserving of our approval and those meriting our censure. It appeared to him that the proper way now of correcting any abuse in connexion with them, was not to attack specially this or that particular institution, but to establish in the general hospitals special departments in all those branches which special hospitals had now made their own. He considered that this plan would in nowise injure the better class of special hospitals, but that it would tend to the suppression of trumpery and quackish institutions, and would permit the mistaken charity which now supported them to revert to the older subscription hospitals, which so greatly needed and deserved it. He said that this plan was already in many hospitals carried out to some extent.

The lecturer then proceeded to advert to two or three occurrences of the past twelve months. He drew attention to the establishment of the Grainger prize, which had resulted in the wish to give that gentleman a testimonial. He expressed his pleasure that Mr. Grainger's name would be thus perpetuated in the school of which he had so long been an ornament. He then adverted to the fact that Mr. Rainey had had a pension bestowed on him by Government, and he took the opportunity of extolling, in high terms, his moral and intellectual character, and of expressing his high regard for him as his old teacher and his friend. He finally alluded, in a few feeling phrases, to the death of the late obstetric physician, Dr. Waller, and concluded with a few words of advice to the students and thanks to the audience for their attention.

UNIVERSITY COLLEGE HOSPITAL.

INTRODUCTORY ADDRESS BY DR. WILSON FOX.

IN the foundation of modern science, in the "Novum Organon" of Bacon, the following aphorism occurs:—"It is not possible to run a course aright when the goal itself has not been rightly placed; and the true and lawful goal of the sciences is none other than this, that human life be endowed with new discoveries and powers." Such being our goal as followers of the science of Medicine, it well becomes all, students as well as professors, to pause at such a season as the present to inquire whether we really have this goal in view, and whether the course in which we are proceeding towards it will lead us to the end which we desire to attain.

The way in which we have chosen to seek to fulfil our appointed duty in this life is one of the loftiest which can lie before any man—viz., to prolong man's life, and with his life his usefulness; to study the conditions which militate against his physical and mental well-being, so as to be able to point out the avoidable causes of sickness and death, and the defences by which the struggle against those which are unavoidable may be rendered less sad and painful. If these conditions can be fulfilled (and their performance complies with the lofty conditions enforced by the philosopher), we may feel indeed that the object of our life's journey is not a delusion, but that in its pursuit, toil will be a delight, and labour welcome.

It is, however, well to recognise that in proportion to the loftiness of our purpose is the greatness of its difficulties; for our path does not lie through well-trodden ways, of which the landmarks are easily known. We have proposed for our solution the most complicated of problems, and to unravel the most intricate order of facts which come under the cognizance of man's intellect. We have to deal with a being in whose organization are involved the most complicated laws of all the phenomena which matter presents to our senses, in whom changes take place with great rapidity, and which, while they tempt curiosity to the utmost, seem perpetually to elude the desire to grapple with their laws, and to disappoint the longed-for "Eureka" of the philosopher—a being distinguished amongst all other forms of matter by a principle which has hitherto baffled all attempts to define its nature, as if indeed we might conclude that life, as such, could not be included under any one definition, but known only in its manifestations; and thus clothed with a power which complicates all known laws of matter external to himself, he finds himself placed amongst a series of external conditions, upon which he acts and by which he is influenced. Impelled from within to act, he yet consumes his own organism in his ceaseless labour, and drawing his sustenance from the materials by which he is surrounded, he is ever inevitably tending towards an ultimate return to the same nature as the elements over which he believes himself capable of exercising a control, and yet feeling that in their ultimate dissolution he has that within him which shall escape the "bondage of corruption," and in the death to which he is passing find a higher and an enduring life.

Our task is, then, no light and easy one. It is, to learn the

external manifestations of the vital force, its effect upon other forces, and their effect upon the materials of which our bodies are composed; to learn also the nature of these materials through the phenomena which they manifest,—the form and structure of the machinery—the influences from without and the causes from within by which its mechanism may become deranged and its efficiency impaired, and what circumstances may tend to preserve or to restore it. Have we grounds for belief that we possess this power—that we can acquire this knowledge? The experience of the past answers affirmatively, and reason shows no cause why our knowledge should not steadily increase. But how is this complexity of laws to be reduced to their practical signification? How is it that the ages which have rolled away have left us with our object only imperfectly attained? The answer to these questions lies in the method and order adopted in our researches, and in the diligence with which that method is followed. The history of Medicine shows that its followers—impatient at the length of the way, desirous of some more speedy solution of the problem set before them than the laws of nature and of the human mind allow—have, in their ill judged attempts to grasp generalities, only added to its complexity by passing too hastily to deductive reasoning while the path of induction was the only one open before them. System after system founded in this manner has only led its followers into the morasses of doubt and perplexity, whence if by chance escaping, they have exclaimed that the struggle was hopeless, and that the task was beyond man's endeavour. No, gentlemen,—as was enunciated in this place by our late distinguished Professor of Medicine, towards whom (worthily as his place has been filled) I trust, now that for the first time we miss him from amongst us, it is not out of place to express how deeply Dr. Walshe's loss is deplored in this school by all who have had the pleasure of witnessing his laborious search after truth, which no toil could daunt nor impediment discourage, as well as of learning from his clear logic and brilliant powers of expression the facts and laws of medical science;—as Dr. Walsh so convincingly laid before us a few years ago, we may not yet apply the method of deductive reasoning to the generalizations of disease. Our task is yet in the laborious and patient collection and comparison of facts, not hesitating to accept new ones because they will not square with preconceived theory, but rejecting theory rather than fact.

We have thus to study life in its twofold character of health and disease: as anatomists, to learn the structure of the frame both in its grosser and in its finer parts; as physiologists, to study how the ends for which these structures are fashioned are accomplished. And in this investigation we shall have to call in to our aid, as well as find exemplifications of the subtlest laws of the other physical sciences. Further, we shall find that to attain a true knowledge of the place of man as an organized being, we shall have to appeal to the simpler structures of the animal and vegetable world; and in this varied field of knowledge we shall find that every difficulty and imperfection in the more elementary sciences reacts with double force when grouped in the ceaseless variations and complexities which prevail among the laws of man's physical nature. We have not simply to calculate in mathematical formula the results of a few laws. We have not so fully at our command both the bases of inductive reasoning, experiment and observation, as are possessed by the students of other physical sciences: our experiments cannot be varied at will to ascertain agreements and differences between cause and effect; and conclusions drawn from animals can only establish certain large inductions, the application of which to man can only be determined with greater or less degrees of probability, unless the certainty of their resemblance or identity can be established by other courses of reasoning.

The facts of organic life can in large measure be brought under the laws of physics, and good progress has been made of late in this direction; but after all the problems of physiology have been solved, we have yet to encounter the complications of disease, which are infinitely more varied, each sequence of normal action being liable to numerous disturbances, similar effects being produced by diverse causes, and *vice versâ*.

We cannot learn disease without a previous acquaintance with healthy structure and healthy action, and hence each advance in physiology points the way to further researches in pathology, by illustrating the mode of evolution and interdependence of phenomena previously believed to be distinct; but beyond this the facts of pathology have to be studied for and by themselves, and our mode of investigating disease must be similar to that followed to ascertain the laws of health.

We have hence to seek for facts of a very varied order. We have firstly to deal with alterations of structure, and with the changes in the vital actions associated with these. We have, further, to elucidate the causes of these alterations, the means for their classification and recognition, their nature, and the laws upon which they depend.

Modern research has taught us that the basis of all this system of inquiry is to be sought in the change of structure which the tissues undergo, and leads us strongly to the belief that all change in function is associated with some alteration of structure—a field of inquiry which has been largely aided by the modern introduction of the microscope and of chemistry to aid us in our researches. Our task is not, however, completed when we have simply recognised a change of structure at the *close of life*. We have to learn the termination of disease not only as we find it in death, but (what is far more important) in recovery; and we have yet to associate each of the varied and shifting actions in the series of diseased vital phenomena with the corresponding changes of structure which we have been able to recognise, before we can feel that we can truly make an accurate diagnosis for therapeutic purposes of the disease which we have to treat. In such branches of inquiry our reasoning must be in large measure analogical from the parts which are open to our observation to those which are concealed from us, though other direct evidence may at times be afforded to us in the course of disease. Experiments with animals afford us here a great degree of certainty, so that the process of verification, though laborious and needing much patience, gives us, from the satisfactory data it has already furnished, good hope of further progress in this important though difficult field of inquiry.

In the search after the causes of disease, the medical observer finds some of his greatest difficulties; but when we consider what has been already accomplished, we need not despair of some general laws being yet discovered which shall bring order out of this seeming chaos and confusion. The only mode of arriving even at comparative certainty is that of close methodical observation and recording of facts by many observers. The results already attained by the profession have conferred large blessings on mankind in the diffusion of knowledge respecting the causes and spread of epidemics; in pointing out that dirt and disease go hand in hand; in the improvement of our homes; in the increased comfort and health of our soldiers and sailors; and when such knowledge has been allowed to bear fruit, unhindered by prejudice and ignorance, in prolonged and more useful life among the communities of mankind. Medical men, casting aside the superstition which has so universally prevailed as to the origin and spread of epidemics, and pointing out the more obvious laws which control them, have given to their fellow-men the power of commanding nature by obeying her, and have thus robbed the pestilence of its terrors, and taught them where to look for the lessons which such visitations teach. What nobler duty can fall to the lot of man than thus to lead in the van of civilization, to take the sting from its blessings, and to teach how the arts which bring comfort to the many may cease to be the destruction of the few?

There is yet a further step necessary, alike in practice and in theory, in which we have to perform an inductive process of reasoning, founded on classifications based on the comparison of diseased action with morbid structure, and this is the operation of diagnosis, which will be rendered perfect in proportion as our classifications become more exact. When we have observed in a sufficiently large number of cases that a given group of symptoms is invariably associated with a certain morbid change of structure, we are justified in assuming that in any fresh case presenting the same grouping of symptoms, the same proximate cause may be expected to exist in the altered tissues of the body; and if our classifications were perfect, our diagnosis would in like manner be free from failure. Here, too, careful observation of all associated phenomena is necessary both for present success and in assisting progress, and each fresh fact added, each successful interpretation on sufficient grounds of the phenomena observed, is a certain mark of progress, and a stepping-stone for further classifications.

Medicine has, however, other indications to fulfil in the attainment of the end sought. It is not enough to know the laws of physiology and pathology—to be able to classify and diagnose disease. Such knowledge would be barren indeed did it not teach us how to *cure*. This is the point which each advance in pathology ought to help us to attain. Not that we are justified in rushing at once from each new fact or imperfect generalization deductively to what is termed a practical application. This were indeed to bear out the simile used by Bacon—of Atalanta turning in vain aside from her course to pick up the glittering apple that led her astray. Were Medicine to re-

main at the stage to which the so-called practical men would reduce it, it would ever be a farrago of crude theory and empirical treatment, hopeless alike to physician and patient. The practical part of our profession must go hand-in-hand with scientific investigation; and all experience has shown that those who have stood highest in the latter have equally excelled in the former.

What is the problem with which we have to deal? We have to discover the whole of the effects produced by our remedies both in health and disease;—for the action of a medicine in the former is no measure of its effect in the latter. We have not yet attained to absolute uniformity of sequence in the cases to which remedies are applied; and until this is effected by a more careful selection of remedies appropriate for disease, we cannot look upon our art as certain. In this investigation we have three modes of inquiry before us—experiment on man in health and disease, experiment on animals, and direct observation; but of these methods, with some exceptions in favour of the second, the third is the only one generally open to the practitioner of medicine. Our present method is a mingling of induction and hypothesis, and our only hope of overcoming its difficulties lies in the widest possible classification of the effects both of the pre-existing causes and of the arbitrarily introduced coefficients. Such a task is indeed beyond the powers of *one* man—beyond the duration of *one* lifetime; yet it must be accomplished before the practice of Medicine can be placed upon a scientific basis—before, as a profession, we can clear ourselves of the reproach of uncertainty. The object must be effected by the united labour of *many*, bringing to their aid all the improvements which modern research has placed at our disposal, and by the comparison of these results with the labours of those who have preceded us; for thus only, in avoiding the Scylla of too hasty generalization, shall we escape the Charybdis of a scepticism which has been creeping over and paralysing the efforts of the profession in its search after an unfailing system of therapeutics—a scepticism which, founded on an injurious contempt for the knowledge and experience of preceding times, is reducing many to a vacillating uncertainty of treatment, and giving the public the belief that we are dealing with instruments in whose efficacy we ourselves have lost faith; thus driving them into the hands of noisy and shallow impostors, who, professing to possess panaceas, whether of systems or special remedies, deceive by the loudness of their boasts a public generally too uneducated to weigh the value of scientific evidence.

If we wish our researches to be treated with respect by our successors, let us show the same regard for the labours of those who have preceded us, making due allowance for their less accurate means of diagnosis; but let us beware of imperfections in our own mode of recording cases. The cause of much error and perplexity in our treatment lies in incomplete diagnosis. There must be differences in cases which react differently under the same treatment, but we have yet in many cases to distinguish in what these differences consist. We have yet many grounds for hoping for further progress in pathological knowledge, in the mode of preparing pharmaceutical preparations, and in the increased knowledge of groups of physiological and pathological actions resulting from the use of remedies—a knowledge which it is most important to extend as widely as possible.

It is yet premature to begin to inquire the exact method by which any drug produces any special effect. But we are not justified in a scepticism as to therapeutic methods because the so-called Rational School have not succeeded, in applying their imperfect knowledge of the physiological action of drugs, deductively to explain their action in disease. We can no more apply this mode of reasoning in therapeutics than we can in pathology. The history of Medicine, as it stands at present, forbids the reliance on *specifics* as an empirical treatment based upon unphilosophical grounds; but in a wider sense, the course of modern investigation points to the employment of drugs to meet special physiological and pathological states of the system.

Such being our objects, and such only being the means within our reach to attain them, you are yet justified in asking when they suffice for this purpose, and whether we have such evidence of their efficacy as gives us grounds for hope of progress in the future. I think we may conclude, without too flattering a hope, that, considering the difficulty of our task, the method of Bacon is leading us steadily onward to "new truths and new powers." Consider the flood of light which the discovery of the reflex nervous system has thrown on the obscure recesses of the physiology and pathology of those organs. Consider the brilliant results which have followed the laborious classifications of Laennec, Louis, and Walshe, of the diseases of the lungs and heart. And when we recognise how much of the processes of absorption, secretion, and nutrition is explained by the laws of endosmose and exosmose—how the discovery by our late illustrious Professor of Chemistry, Prof. Graham, of the laws of diffusion of gases has served to elucidate the facts of respiration,—may we not hope that his latest generalization of dialysis may be brought to bear in the simplification of other phenomena in the human body which are yet unexplained and obscure. It was as true a process of inductive reasoning and experiment that enabled Prof. Simpson to discover chloroform as that by which Jenner arrived at the truth of vaccination; or, to take instances from our own school, not in any spirit of invidious self-gratulation, but because it is well for us from time to time to test our progress, and I believe that we shall find that here also the spirit of Baconian inquiry has borne its fruit. When we consider the elucidation of the nature of fever by our distinguished Professor of Medicine, of blood diseases and their remedies by our Professor of Materia Medica, of the action of remedies on the secretions by Dr. Parkes, we may feel that the path we are pursuing is the right one; and if in the past we see instances of success, we are also able to look forward hopefully into other branches of inquiry. Under this head I would instance the valuable researches of Professor Lister, of Glasgow, into the nature of inflammation, and his inquiries into other obscure vital actions.

From such instances we are justified in the trust that the means which have sufficed for the past will avail for the future, and that each advance in the correlative sciences will be the harbinger of a further reduction to simpler laws of the complex phenomena of life. Already we possess some generalizations, which, if not yet fully and perfectly established, want but little of being so; amongst which we may place the brilliant theory of Virchow—that of the ultimate form of organic life being uniform: explaining thus at once in general terms, though all the conditions are not fully understood, as well the reproduction of the individual as the growth and nutrition of its parts, and aiding still further to generalize John Hunter's teaching—that disease is only a deranged manifestation of the vital actions of health. It might seem as if we need hardly hesitate to compare this view for wideness and completeness with the atomic theory of the chemist, though wanting, from the nature of the subject, the definiteness which attends the laws of weight and number.

Our science is not less a *true* one because it is still inductive; because we have to elucidate its laws synthetically by the comparison of a vast number of individual instances; nor because we have to reason, in many cases, by analogy and hypothesis. We have, indeed, no great universal axioms from which to deduce the individual facts of disease. New cases are continually occurring whose relation to other facts has to be determined by long and laborious research; and it is to this research that you are now invited, resting assured that if conducted in the right spirit your toil will not be thrown away.

The history of other sciences gives us no reason to despair of the progress of our own. The harvest is long in ripening, but the reaping and the garnering are quick and sure. Let us be content to sow that others may reap, and as we are entered into the labours of others, let us at least leave some marks to guide our successors on their way. Art is indeed long, and patience no less than hope needs to be the attribute of the philosopher. And what, gentlemen, do you seek as a reward for this life of self-denying exertion? The reward of an approving conscience for true work done in the noblest of missions—in that work in which the Redeemer of mankind chose to manifest His power and love to man—has been reward enough to thousands who have preceded you; and though the power of miracle in healing has not descended to us, yet in this as in other branches of human labour, the power of success has been granted to wise, earnest endeavour. There are other rewards also within your reach. You will find true gratitude from those to whom you will be often their best earthly friend and comforter; and let me urge on you to strive from the beginning of your career, if you wish fully to enjoy this reward, to regard suffering humanity with a true sympathy, which, while it takes the form of practical benevolence, does not forget the sorrow and suffering which sickness entails. You have before you wi hin your own hospital, a noble example of disinterested devotion in the sisterhood who consecrate their time and labour to the welfare of the suffering poor—an example which it is well that you should have before your eyes from the beginning of your studies; for, as members of the most liberal of the professions, you will have often to work for the good of others, unseen of men and without fee or reward. And, gentlemen, from the toils of practice,—from the want of appreciation,

of gratitude, of sympathy among your fellow-men, you have ever a retiring place among the glorious arcana of Science, who spreads for you her most glittering treasures, and whose laws you can study in the most perfect mechanism to which they can be applied. To your view are offered the most varied problems of light and sound in their attractive complexity and most exquisite harmony. To you each force of nature, each atom in the animal or vegetable worlds, "may have a voice, and give you eloquent teachings;" and in the serene and admiring contemplation of the works of the Creator, you may feel yourselves ennobled whilst you adore.

Yet, gentlemen, earthly rewards are not altogether wanting. Wealth is not to be sought here; but to true industry, sooner or later, a competence is open to all, and many a true worker in the field of science has found that—

> "Not once alone in our rude island story
> The path of duty was the way to glory."

And if fame should not be your lot,—if your short day should end while digging, amid the mist and gloom, steps by which others may ascend to wider views and more perfect knowledge,—you have the consolation of knowing that life does not end here, and that the future has a higher tribunal, where in the great muster-roll of the ages the names of the great and good will be judged by a nobler standard than that of short-sighted human wisdom, and those of the true benefactors of humanity and earnest seekers after truth shall stand written in letters of light. May ours also be found there as those of true labourers in this field of knowledge which God has appointed us to enrich and replenish! and may we find our appropriate reward in the removal for ever of the "burden of the mystery of this world," and find the fulfilment of the great philosopher's final prayer—"Quare si in operibus tuis sudabimus facies nos visionis tuæ et sabbati tui participes!"—the vision of perfect knowledge, and the sabbath of labour not in vain!

WESTMINSTER HOSPITAL.

INAUGURAL ADDRESS BY DR. ANSTIE.

AFTER welcoming his audience to the studies of another session, the lecturer remarked, that in looking round the theatre on an occasion like the present, and observing the expression of many faces before him, he could feel no difficulty in selecting a topic for discourse. He was forcibly reminded by the recollection of his own experience, that the predominant feeling in the mind of young students at such a time as this is a strange sense of novelty, and an uneasy consciousness that as yet the business of medical education seems too much of an unreality to be thought of as the serious occupation of their lives. This does not arise from any disinclination to apply themselves to work, but from ignorance, not so much of the details as of the true spirit of medical study. The first duty of the lecturer would, therefore, be to describe, as briefly as possible, the general plan of work which the student should adopt. In his remarks on this subject, he laid great stress on the necessity, from the very first moment of the student's career, of giving prominence to the *practical* part of his education. Anatomy, physiology, and chemistry—the subjects of his special study during his first winter session—were admirably adapted, when studied practically by means of dissection, the use of the microscope, and the practice of chemical analysis, to give the beginner a sense of personal interest in his work; because there is, in all such pursuits, something of the feeling of discovery and invention. But if early attention was requisite to the practical working of sciences which, like those already mentioned, lie at the foundation of medicine, still more necessary was it that the actual treatment of disease should be studied, from the very first, in presence of the living facts of clinical medicine. The student was urged to take, from the first, an active part in the practical work of the hospital, by filling successively the different clinical appointments in which he would be able to learn, under competent guidance, the difficult art of medical observation. "The practical physician," said the lecturer, "is like a man who fights in the gloom of twilight with foes who seem innumerable from the impossibility of defining their shapes or their exact position; only after a long and trying combat, after many sighs for clear sunlight, does he learn that the gloom may be pierced by eyes which have grown familiar with it, and that the foes are not so numerous nor so terrible as fancy painted them at first. The student cannot too soon begin to scan this dusky twilight of clinical medicine, not only for the sake of the invaluable experience which he will thus gain, but because his interest in the work of his profession will be increased tenfold as soon as he makes the delightful discovery that he, too, possesses the power of discriminating shadows from substance among the protean shapes which disease assumes. Along with clinical work must always go the sedulous use of the microscope and of chemical tests, and, above all, the habit of preserving notes in which careful numerical tabulation of morbid phenomena and the results of treatment are included."

The necessity of acquiring, in addition to technical knowledge, the elements of a really good general education, was next dwelt upon. No calling demands so high a standard of general acquirements in those who follow as does the profession of Medicine, except, indeed, that of the Church. The power of commanding the sympathy of a number of patients, in different ranks of life, is absolutely necessary to considerable professional success; but it is impossible to do this simply by force of the most amiable disposition, or the most genuine kind-heartedness. There must be the power of *intellectual* communion with many different minds, and this can only be gained by a varied intellectual training. It would be absurd to say that the most diligent study of mere technical matters could atone for deficiency in an acquaintance with such important subjects as mental philosophy, the principal events in the history of our race, and the chief developments of its theology, literature, and fine arts. The neglect of such accomplishments as these would account for very much of the ill success of individual medical men, and the undeservedly low social status of the whole profession. Still more necessary was a good working knowledge of the physical sciences, both to professional efficiency and intellectual status with the public. And in these days of free intercommunication of ideas, it would be wrong to omit from the list of accomplishments which the medical man should cultivate a fair working knowledge of the French and German languages.

The lecturer then proceeded to make some observations on the importance of the constant cultivation of the moral qualities of courage, foresight, perseverance, self-denial, and, above all, truthfulness, the acquirement of which was perhaps the most difficult task of all.

The concluding portion of the address was occupied with a slight sketch of the present state of pathology and the tendencies of modern English therapeutics. Great and important changes had taken place of late years in both these branches of medical science, and the late Dr. Todd was eulogized for the conspicuous share which he took in these movements. It was unfair to the memory of that great man to associate his name with any special system of medication; his real merits were to be found in his constant and successful efforts to procure an acknowledgment of the fact that it is Nature herself who performs by far the most important part of the work of cure, while the physician is only her humble servant, who should be always reverently watching her movements, and, if necessary, aiding the efforts which she herself makes. Allusion was made to the further development which these ideas have received at the hand of Dr. Chambers, who has propounded the theory that all disease consists in a deficiency of vital power, and therefore that all true remedies must be such as directly or indirectly aid the work of nutrition. Whatever might be the ultimate verdict on this theory, it was certain that an immense number of facts, both in physiology and pathology, which have latterly become familiar to us, appear to give it a general support. The discovery by Virchow of the similarity between an immense number of morbid products and the lower kinds of healthy tissue, fortified as it is by the recent observation of Rindfleisch that the development of tubercular matter in the brain of the child presents many points of resemblance with that of the so-called connective tissue; the important observations of Kussmaul and Tenner on the production of epileptiform convulsions by the abstraction of arterial blood, and the development which this fact has received at the hands of Dr. Radcliffe, who has demonstrated the superiority of the nutritive treatment of convulsive disease over every other plan,—these and a host of other facts seem to be leading us in the same direction. It is most important, then, for the student to understand that his attitude must be one of vigilant and earnest inquiry into the phenomena of nature, and searching though respectful investigation of all therapeutical traditions which have come down to us. There must be nothing of the spirit of perverse and insolent scepticism in this; such a spirit is far more likely to be found among the blind adherents of doctrines which they have never had the courage to test. And there need be no feeling of discourage-

ment, even though our increased knowledge robs us of some of the credit which we had fondly attributed to our own efforts; for the future of Medicine is at this moment more bright than it has ever shone before. To quote the last words of Dr. Todd: "There never was a period when a candid and ample reconsideration of general pathology promised more fruitful results than the present. Our widely extended acquaintance with anatomy and physiology—the greatly enlarged security of the basis on which our knowledge of function rests—the much increased accumulation of facts of clinical history—all afford most important data for new inductions." That exhortation, gentlemen, (continued the lecturer,) calls upon the whole rising race of medical men; it is addressed to every one of you, for every one can help in the great work of accumulating and tabulating clinical facts. We must all of us be discoverers; we must all of us submit to the test of most stringent personal examination the doctrines of pathology and treatment which we propose to act on in our own practice. And we must all remember that our conclusions will in turn be criticized; that a later generation, standing on a basis of a wider knowledge, will perhaps condemn us too; and that we had need remember with humility the words of our great poet:—

"Our little systems have their day—
They have their day, and cease to be;
They are but broken lights of thee—
And thou, O Lord, art more than they."

ON HYDATIDIFORM OVUM.

By GRAILY HEWITT, M.D., M.R.C.P.,

PHYSICIAN TO THE BRITISH LYING-IN HOSPITAL, LECTURER ON MIDWIFERY AND DISEASES OF WOMEN AND CHILDREN AT ST. MARY'S HOSPITAL.

THE following case deserves record as an interesting contribution to the history and symptomatology of that not very common pathological condition—hydatidiform degeneration of the ovum.

On August 18th last I was requested to visit, in consultation with the gentleman in attendance, a lady who presented symptoms of abortion. The history of the case may be summed up very briefly. The patient, aged twenty-eight, who had been married exactly three months, was last "unwell" the week previous to her marriage. Three weeks ago, while out for a walk, she experienced a slight strain in getting over a stile, and dating from that time there has been a slight "show." During the last fortnight she has been seen at intervals, and appropriately treated as for an impending miscarriage. The night preceding my visit, a severe flooding suddenly occurred at midnight, to restrain which the gentleman in attendance had plugged the vagina. The plug had been removed an hour previous to my visit (seven A.M.), and no further hæmorrhage had occurred. On examining the abdomen, I was struck by its great size; there was a tumour, evidently the enlarged uterus, reaching to *two inches above the umbilicus*. The first impression produced on my mind was that the pregnancy must have advanced much further than the time stated—three months. On examining per vaginam, the os was found open, and just within it was felt a soft, smooth substance, occupying the lower part of the cavity, and having the feel of a placenta. The index finger passed readily round within the os, between the mass in question and the uterine wall. The case appeared at this stage of the inquiry to be one of placenta prævia. A further careful examination of the abdomen by the stethoscope and by palpation was instituted, and the patient cross examined as to the history of the case, no opinion of course being expressed. The account given was again the same. No fœtal heart-beat could be detected, but a murmur, like the placental souffle, was audible in the left groin. The uterine tumour was hard, firm, and resistant.

The physical appearances and the history of the case each pointed to a different conclusion as regarded the diagnosis. I determined, however, to introduce the hand into the vagina—the fingers only having been previously used—and to deliver the child, which I expected to find in the uterus, by turning, should that course be sanctioned by the results of further examination. With no great difficulty this was accomplished, but on passing the fingers into the uterus no presenting part could be anywhere discovered. Everywhere a soft, slightly resisting mass was felt, traversed by what appeared to be fibrous bands. The failure to find any fœtus in the uterus, coupled with the sensation conveyed by the touch, at once indicated to me the nature of the case. The uterus was evidently filled with an hydatidiform ovum, and I forthwith drew from its cavity a mass of the product in question sufficient to half fill an ordinary washhand basin. Mixed up with the vesicular bodies and their fibrous pedicles and stalks, were some flattened non-recent coagula; some of the vesicles were an inch in diameter. The structure was precisely similar to that presented in other analogous cases. No further hæmorrhage followed the emptying of the uterus, and the patient made a good recovery.

Remarks.—The case presents facts both interesting and instructive. One or two only of these I will allude to. As regards the origin and cause of the degeneration of the ovum in this case, it may be set down to the "strain" experienced by the patient three weeks previous. The fœtus (no trace of which, by-the-bye, was discoverable in the mass expelled) doubtless perished at that time, but the separation of the ovum from the uterus, though sufficient to kill the embryo, was not complete, and the chorion villi continued to grow by absorption from the lining of the uterus, the result being as above described. The facts of the case are quite in accordance with the theory of the nature of this curious pathological product I have elsewhere* fully elaborated, and which I need not therefore discuss here.

Clinically, the rapidity of the growth of the abnormal product in this case is interesting, and, in fact, this led to some perplexity in the matter of the diagnosis. In three weeks after the presumed commencement of the growth of the morbid product in question, the uterus had attained the size of that of a woman at least seven months pregnant. Rapid growth in the size of the uterus is well known to be one of the symptoms of the condition actually present; but in no previously recorded case has the uterus attained such a size as that above described at such an early period as three months after the commencement of the pregnancy. The nearest approach to it is a case related by Drs. Hardy and M'Clintock, where the woman was four months pregnant, and the uterus had attained the size of six months.

Dr. Montgomery, in reference to the diagnosis of these cases, says: "We have no satisfactory grounds on which to form an opinion in the way of diagnosis beyond this, that if a woman after experiencing the ordinary symptoms of pregnancy up to the third or fourth month is observed to be growing large with rapidity, so that her size corresponds to a period much more advanced than her pregnancy really is, or is supposed to be," ...&c. This proposition is well borne out by the facts of the case now related: up to the end of the second month matters proceeded regularly. The period at which the change may commence is, I believe, strictly limited to that interval of time during which the chorion villi are in one particular stage of development—from a short time before to a short time after the end of the second month. After the transformation of the villi into vessels has been effected, the production of the hydatidiform ovum is no longer possible.

Berkeley-square, Sept. 1862.

SURGICAL NOTES.

By JOHN ROSE, A.M., M.D., Surgeon R.N.

ABSCESS OF BRAIN.

THE case of abscess of the brain recorded by Dr. A. L. Adams in the present volume of THE LANCET, p. 34, reminds me of the following, which occurred in the practice of the late Dr. Lindsay, Inspector-General R.N.:—

The patient, aged forty-three, private Royal Marines, was admitted into Haslar Hospital on the 21st July, 1853. He had been placed on the sick-list on board his ship on the 9th May with a tumour on the occiput. The tumour was opened, and the bone found denuded to some extent of its periosteum. The wound had been kept patent by enlarging the opening from time to time as required. Iodide of potassium and compound decoction of sarsaparilla had been administered, and nitrate of silver applied to the wound.

On admission, at half-past eleven A.M., he appeared to be in a weak and delicate state of health; but there were no particular symptoms present, and nothing to indicate immediate death. The sore on scalp looking foul, a linseed poultice was applied. At midnight he was attacked with retching, and the surface and extremities became cold, with a feeble pulse.

* Obstetrical Transactions, vols. i. and ii.

Bottles of hot water were applied to the feet, when the surface got warm and the pulse natural, and he fell asleep.

July 22nd.—At a quarter past five A.M. he suddenly expired.

Post-mortem appearances.—Caries of the occipital bone, to the extent of the size of nearly half a crown, immediately over superior longitudinal sinus at its point of junction with the two lateral sinuses. A considerable portion of posterior lobes of cerebrum, corresponding to the diseased bone, in a state of softening, with an abscess fully the size of a pigeon's egg, containing thick fetid pus. There was a quantity of serum in the lateral ventricles, mixed with small flakes of lymph. Remaining parts of brain firm and healthy.

POPLITEAL ANEURISM; CURE BY LIGATURE.

Notwithstanding the success attending the treatment of aneurism by compression, digital pressure, and forcible flexion, cases are constantly occurring in which the ligature will be preferred.

An assistant-engineer, aged twenty-nine, was admitted into Haslar Hospital on the 31st January, 1853, with popliteal aneurism. About eight weeks before admission he complained of œdema and pain of left leg, for which he was under treatment for a fortnight. As the swelling had very materially declined, and the pain had entirely subsided, he resumed his duties at the end of that time. Seven days before admission the leg became gradually enlarged and œdematous, attended with pain in the popliteal space.

On admission, the veins of the leg were found varicose, with a large swelling in the popliteal space, more prominent in the inner side, with obscure pulsation. On applying the stethoscope, a bellows-sound was distinctly heard.

Feb. 1st.—The limb was supported by a bandage.

3rd.—The patient was put under the influence of chloroform, and the femoral artery tied in the usual place and manner. The pulsation of the tumour immediately ceased.

4th.—Temperature of limb natural, and tension of leg diminishing.

11th.—Wound healed except at the site of the ligature.

13th.—Skin of the upper part of thigh over Poupart's ligament slightly inflamed; a superficial abscess apparently forming.

14th.—Abscess has discharged itself from the upper angle of operation wound.

27th.—Ligature has come away; swelling in the popliteal space much reduced in size.

March 3rd.—Opening where ligature was, quite healed; aneurismal sac diminishing slowly. The patient continued to complain of slight pain in his foot, and stiffness in the limb, and he remained in hospital until July 26th, on which day he was discharged cured.

RADIAL ANEURISM; CURE BY LIGATURE.

A seaman, aged forty-nine, was admitted into Haslar Hospital on the 28th of April, 1852, with an aneurismal tumour over the right radial artery in the wrist. According to his own statement it first appeared about five years ago. He had nothing done for it until about two years since, when it was bandaged for about five weeks without benefit. It has lately become painful. The tumour is about the size of a hazel nut, with distinct pulsation. Two days after admission the radial artery was cut down upon, and tied about an inch above the aneurism, when the pulsation ceased. Strips of adhesive plaster and a bandage were applied, to exert pressure on the part.

May 15th.—The ligature on the artery was removed. Tumour hard, and gradually becoming smaller, and without the least pain.

31st.—Discharged cured.

HÆMATOCELE.

A rigger, aged forty-six, belonging to Portsmouth Dockyard, was admitted into Haslar Hospital on the 11th of January, 1853, with an extensive hydrocele of the left testis and cord, attended with considerable ecchymosis of the scrotum, which, he states, made its appearance yesterday after lifting a weight, when he experienced a sharp cutting pain at the lower part. On admission, the scrotum was found enormously enlarged and hard. There was to all appearance an irreducible hernia on the left side, and a reducible hernia on the right side. The left side of the scrotum was discoloured in consequence, as the patient states, of a blow received the day before admission. A turpentine enema was directed to be given, and the scrotum was supported by a suspensory bandage. In the evening the enema brought away a considerable quantity of feculent matter. The scrotum remains as before; no pain or tenderness of the parts; pulse natural; no sickness or vomiting.

Jan. 12th.—No reduction as yet; last enema has been retained all night; to be repeated.

14th.—Hernia of the right side has returned, except a portion which appears to be omentum; the swelling of the left side of the scrotum somewhat reduced in size.

Feb. 9th.—Little change, notwithstanding the application of ice and the administration of castor oil and frequent enemata. At a consultation held to-day, it was decided to make an exploratory incision into the scrotum, and tap should fluid be found. On dividing the tunica vaginalis by a small puncture, a dark bloody fluid issued. A canula was then introduced, and eighteen ounces of bloody serum drawn off. The swelling was then almost entirely reduced, although the scrotum in many places remained much thickened.

25th.—The patient was discharged cured.

TUMOUR; REMOVAL; CURE.

A seaman, aged thirty-three, was placed on the sick-list on the 11th of January, 1853, for a small tumour in the right upper eyelid, attended with pain round the orbit and right side of the head. At first its appearance seemed to be caused by inflammation of the lachrymal gland, and the part was leeched, and cold lotions and poultices applied. Under this treatment it did not diminish in size. It has become more movable, less painful, and has an elastic feeling as if it were an encysted tumour. This patient was admitted into Haslar Hospital on the 26th of January.

Jan. 27th.—An incision was made through the integuments of the upper eyelid, and an encysted tumour, which was firmly adherent to the orbital ridge, dissected out. A small arterial branch was tied, and the wound dressed with a pledget of lint and bandage.

The tumour was of the size of a large bean. This patient was discharged cured on the 10th of May.

ULCER.

In the treatment of ulcer, the plan recommended by Prof. Syme—viz., the application of a blister, is of the greatest possible value; and I do not think it has ever yet received that attention from the profession generally which it deserves.

Kidderminster Infirmary, Sept. 1862.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

ST. MARY'S HOSPITAL.

CLINICAL REMARKS ON STONE IN THE FEMALE BLADDER; VESICO-VAGINAL LITHOTOMY, WITH IMMEDIATE CLOSURE OF THE WOUND BY SUTURE.

(Under the care of Mr. JAMES LANE.)

JANE M——, aged thirty-eight, was admitted on the 31st of October, 1861, with supposed uterine disease; but on examination per vaginam a hard substance was felt in the bladder, and by the introduction of a catheter a large stone was immediately detected. She had had pain in passing urine for eight or nine years, which, during the last twelve months, had greatly increased in severity, and she had frequently passed blood with the urine. Micturition was extremely painful, and she could not pass more than a tablespoonful of urine at a time. She was unable to stoop or to lie on either side. Fourteen years ago an abscess formed in the right lumbar region, and was supposed to be connected with the kidney. This continued to discharge for eight years, but was soundly healed, and her health appears tolerably good.

Nov. 12th.—A lithotrite was introduced, but great difficulty was met with in seizing the stone. The difficulty appeared to

be caused by the projection of the uterus (which was considerably enlarged) into the bladder in the median line, and by the consequent formation of a recess on each side of it, in one of which recesses the stone was placed, and which it so completely filled that it was almost impossible to get the blades of the lithotrite around it. This, however, was at last accomplished, and a portion of the stone was broken off; but the operation was attended with so much pain that it was not further proceeded with.

For the next two or three days the irritability of the bladder was greatly increased, and the patient suffered severely from pain in the lower part of the abdomen,—so much so that it was judged inexpedient to repeat the crushing operation, and Mr. J. Lane determined to remove the stone by incision into the bladder from the vagina, and to close the wound immediately by silver wire sutures, in the same way as in the operation for vesico vaginal fistula.

Nov. 20th.—Bozeman's speculum was introduced into the vagina, so as to expose its anterior wall, and a straight grooved staff was passed into the bladder by the urethra. A sharp-pointed knife was passed through the vesico-vaginal septum into the groove of the staff, about an inch and a quarter behind the meatus urinarius, from which point the incision was continued backwards through the septum for about an inch and three-quarters. Through this the stone was readily extracted by the ordinary lithotomy forceps, and subsequently two smaller fragments, which had been broken off by the lithotrite, were removed. The long diameter of the principal piece was one inch and five eighths, the short diameter an inch and a half, and the thickness three-quarters of an inch. Had the lithotrite not been used, the long diameter would have been two inches and a quarter. Twelve silver-wire sutures were then passed through the edges of the wound with the tubular needle, and fastened by simply twisting their ends. The parts seemed to be in perfect apposition, and when brought together the line of wound was about two inches in length. A curved silver catheter was retained in the urethra, and connected by a piece of elastic tubing with a suitable receptacle.

The next day the patient expressed herself greatly relieved, the pain in the bladder and abdomen had disapp ared, and there was no uneasiness in the region of the wound. The urine was clear, and no escape took place excepting through the catheter.

29th.—The wound was examined, and it was found that a portion of the edges towards the anterior part had sloughed; and on removing those wires which were in the slough, an escape of urine took place. The catheter was still retained.

Dec. 5th.—The slough having separated, an opening into the bladder three-eighths of a inch in length was found; and as the granulating surfaces were clean and healthy, three silver sutures were passed to hold them in apposition. This appeared to have the desired effect, for no escape took place; and when the sutures were removed (Dec. 17th) no communication could be discovered. The catheter was therefore discontinued, and the patient was able in a day or two to retain half a pint of urine without difficulty.

Some days afterwards, however, an escape was again observed; and on close examination an aperture which would just admit the point of a probe was discovered. Repeated cauterizations having failed to close this opening, but having, on the contrary, rather increased its size, on Feb. 26th, 1862, the edges were pared and brought together by sutures; the ends of the sutures being this time brought through the apertures in a perforated leaden plate, according to Bozeman's method, and fastened with shot. This was completely successful. When the plate was removed ten days afterwards, the wound was soundly and firmly closed. No further escape took place; the patient had perfect control over her urine, and shortly afterwards left the hospital cured.

In commenting on the case, Mr. J. Lane remarked that although this plan of operation had been suggested by several surgeons (amongst others, by Mr. Erichsen and Mr. Baker Brown), this was the first time, he believed, that it had been carried into effect in this country. Dr. Marion Sims had operated in one instance in New York, but he (Mr. Lane) was unaware with what result. To the majority of cases of stone in the female bladder, lithotrity was no doubt admirably well adapted; but in cases in which, as in this instance, lithotrity was inapplicable, and in which the stone was of large size, he believed the operation he had just performed was the best that had as yet been devised. He considered that it was much to be preferred to extraction through the urethra by dilatation or incision; for it was well known that in many instances where a stone of any magnitude had been removed by these methods, the parts at the neck of the bladder had been so much injured that a permanent loss of the sphincter power had been the result, and an irremediable incontinence of urine was produced. It was true that incontinence of urine might follow the operation he had just performed, from failure in the union of some portion of the wound; but plastic operations on these parts had now been brought to so great a degree of perfection, that such an incontinence was easily and certainly remediable by a second application of the sutures. There was no danger in dividing the vesico-vaginal septum; the tissues composing it were firm and dense, and therefore little if at all liable to urinary infiltration. The parts being divided in the median line, the hæmorrhage was trifling; and the incision might, if necessary, be carried as far back as the attachment of the vagina to the cervix uteri, without risk of injury to the peritoneum.

KING'S COLLEGE HOSPITAL.

CLINICAL OBSERVATIONS ON A CASE OF PROLAPSUS OF THE RECTUM OPERATED ON BY THE CLAMP AND NITRIC ACID.

(Under the care of Mr. HENRY SMITH.)

T. M——, aged forty, admitted into King's College Hospital August 22nd. He had suffered for many years from hæmorrhage from the rectum and prolapsus. He had lost much blood, and presented a weak and pallid aspect. On examination, there was seen a considerable protrusion of the mucous membrane of the rectum on the right side, the part being very vascular. There was also on the same side a large thickened fringe of integument hanging down.

On the next day Mr. Smith operated on the patient in the following manner:—The protruded portion of membrane was first seized by a vulsellum and pulled as far down as possible. The base of the tumour was next included in the blades of the clamp here depicted, and, by means of the screw, they were brought so close together that every particle of mucous membrane was tightly compressed. The free portion of membrane which was above the blades, and which consisted of almost the entire prolapsus, was then removed by sharp scissors. The cut surface was wiped dry, and the strongest nitric acid then carefully applied. This being effected, the blades of the clamp were slowly disengaged from the base of the tumour by means of the screw, and there being no hæmorrhage, the part was well oiled and returned. The large pendulous flap of thickened skin was lastly cut away by scissors, and the operation was completed.

The patient had no subsequent bleeding or untoward symptom. The bowels were acted upon by castor oil on the 26th, and the patient left the hospital on the 27th without any protrusion.

Mr. Henry Smith, in some clinical remarks, said he was glad of this opportunity of introducing to their notice a mode of treatment which he was in the habit of employing in certain instances of prolapsus and hæmorrhoidal tumours, and of showing to them a new kind of clamp which he had been recently using, and which was a great improvement upon those previously used. Some time ago, not being satisfied with the clamps ordinarily in use, he had requested Mr. Matthews to construct one, the blades of which fitted close into one another, by means of a convexity on one side and a concavity on the other. By this means the mucous membrane could be firmly held, and the bleeding be arrested. An improvement upon this was next effected, by strengthening the handles, and adapting a catch so that the handles, and consequently the blades, might be firmly locked together; and this modification is found extremely useful in dealing with cases where there are several tumours, or where the surgeon may be short of assistants. But there was one disadvantage which was perceptible in connexion with this mechanism when the blades were separated after the steps

of the operation had been followed out; this disjunction was of course effected suddenly, and there was a great chance of the mucous membrane slipping away from the notice of the operator, and hæmorrhage might possibly be going on. To obviate this he requested Mr. Matthews to adapt a strong but light screw to the handles of the instrument, so that when the operation had been completed, the pressure might be gradually taken off the divided mucous membrane; and if the bleeding had not been sufficiently controlled, the points from which the blood issued could be readily recognised, and at the same time be retained within the grasp of the blades by a turn of the screw, so as to permit of the further application of nitric acid, or of the actual cautery if necessary. He had adopted the operation which they had witnessed on numerous occasions of late, and with great success. If care were taken to prevent hæmorrhage, he believed it to be perfectly free from danger; and it was of great importance to possess some mode of treating hæmorrhoids and prolapsus which was not attended with danger to life. Admirable as was the method of treating these diseases by the ligature, it was not free from danger to life; and he thought, if the surgeon possessed some means equally effectual, and yet free from dangerous consequences, he was bound to employ it, and therefore he was glad to be able to recommend in the strongest manner the improved clamp which they had just had the opportunity of seeing employed.

ROYAL LONDON OPHTHALMIC HOSPITAL.

CLINICAL REMARKS ON A CASE OF TEMPORARY PARALYSIS OF THE ACCOMMODATION OF THE EYE.

(Under the care of Mr. LAWSON.)

W. R——, aged eleven years, a delicate, pale, but bright and intelligent looking lad, was brought by his father to the hospital on August 29th, on account of what appeared to be a great and sudden impairment of the vision of both eyes. His history was, that up to a fortnight ago he had always had good sight, and could read and write with perfect ease. Six weeks ago he had a low fever, from which he made a fair recovery, but was considerably reduced by it. One day, shortly after his illness, he discovered, on attempting to read, that he was unable to do so, but that he was able to distinguish objects at a distance. Examined with Jaeger's test types, he could only read No. 16, or two-line great primer type; but he could with facility tell the hour of the clock at a distance of twenty-six feet. When reading No. 16, his near point was fifteen inches. With a twenty-four inch focus convex glass he could read at "a foot" No. 12 of Jaeger's test type; eighteen inch ditto, No. 8 test type; twelve inch ditto, No. 4 test type; nine inch ditto, No. 1 test type. At Dr. Bader's suggestion he was made to look at distant objects—large type, No. 20, placed at a distance of twenty feet, through a bi-concave lens, so as to ascertain what amount of concavity the accommodative power of his eyes was able to overcome. Good ordinary eyes can, with an effort, see distant objects, although diminished in size, through a bi-concave glass of six, five, or even of four inches and a half focus. The object at first is scarcely seen through such a lens, but by a strain of the accommodative powers it soon becomes just visible, and at last perfectly clear. This lad was only able to overcome a thirty inch concave lens, showing how little, if any, accommodative power he possessed. He was treated with purgatives, iron, good diet, and perfect rest to the eyes, with occasional cold sponging to them. He rapidly improved, and on Sept. 19th he was able to read No. 1 perfectly with either eye, and could see as well as ever he did.

The following clinical remarks were made by Mr. Lawson:—"In THE LANCET of May 11th, 1861, I published, with some remarks, four cases similar to the above, under the heading of "Temporary Paralysis of the Ciliary Muscle," and showed that this peculiar affection would manifest itself after various illnesses. That it occurs more frequently after diphtheria I am willing to believe, as from the reports of those who have had many cases of diphtheria under their care, a temporary loss of, or great impairment in, the accommodating power of the eyes is not a very unfrequent result. But any debilitating illness seems to have a similar effect. This affection is not limited to children, although they much more frequently suffer than adults; for one of the cases I first recorded was in an officer, twenty-six years of age, who had suffered severely from fever. The prognosis, I think, may be favourable; for although I have not met with more than six or eight cases, yet under proper treatment they have all speedily recovered."

Reviews and Notices of Books.

The Law of Storms considered in Connexion with the Ordinary Movements of the Atmosphere. By W. H. DOVE, F.R.S., Member of the Academies of Berlin, Moscow, &c. &c. With Diagrams and Charts of Storms. Second Edition, entirely Revised and considerably Enlarged. Translated, with the Author's sanction and assistance, by ROBERT H. SCOTT, M.A. T.C.D., Lecturer on Mineralogy to the Royal Dublin Society. pp. 324. London: Longmans.

THAT any considerable diminution in the pressure of the atmosphere must be the result of some unusual disturbance in that medium, has long been maintained by those who have observed that the weight of the atmosphere varies at different times. Otto von Guerick attached a scale to the water barometer which he had invented, in order to measure these variations, and quotes, in Scholt's "Technica Curiosa," the following remarkable observations:—

"In the year 1660, the air became so unusually light that the finger of the little figure indicated a point below the lowest mark on the glass tube. When I saw this, I said to the persons who were present that without doubt a violent storm had arisen somewhere or other. Two hours had hardly passed when that storm burst over the country, although with less fury than it had exhibited on the ocean."

From the period in question until 1821, the observation of barometrical minima in connexion with great disturbances of the atmosphere had been continued in most parts of the globe; but the causative relations between the two circumstances had not been properly worked out. On Christmas Eve, 1821, after a long continuance of stormy weather, the barometer in Europe sank to so low a level that the attention of all meteorologists was attracted to the circumstance. Brandes accordingly published a request in the scientific journals that all the observations which had been made at the time might be forwarded to him; and he embodied the result of his investigations in his "Physical Dissertation on Sudden Changes which have been observed in Atmospherical Pressure." He arrived at the conclusion that an unknown cause of diminution of pressure passed over the earth at that time, and that the air *flowed in from all sides to the point where the pressure was least*; accordingly, that the storm which had resulted had been *centripetal*, and had arisen from an effort of the surrounding air to restore the equilibrium which had been disturbed at a definite point. Soon afterwards our author, who had formed a different theory upon the subject, submitted to a fresh examination the observations which had been collected by Brandes and others, and decided that mean atmospherical variations owed their origin to the struggle between two currents, which alternately displaced each other at the point of observation. It was a necessary consequence of this that the absolute extremes of these fluctuations must be due to the sole predominance of these currents. Hence whirlwinds must *rotate*, and not converge towards a centre; and the rotation of a storm in the southern hemisphere will be in an opposite direction to that observed in the northern hemisphere.

Both these theories, of *convergence* and *gyration*, have been defended with great vigour in late years. On the one side, Mr. Redfield, after a very careful investigation of the phenomena which accompany the storms on the coasts of the United States, has arrived at precisely the same conclusions as Prof. Dove did for Europe; whilst, on the other side, Mr. Espy, of Philadelphia, has defended the views propounded by Brandes. The materials which were collected with such care by Mr. Redfield have been considerably increased by the publication of an important work on "The Law of Storms," by the late Major-General Reid, who was formerly Governor of Bermuda. This author arrived at exactly the same results as Mr. Redfield. When our author published his first paper "On the Winds," he was disposed to refer the law of gyration as well as the rotatory motion of storms to the mutual interference of two

currents of air which alternately displaced each other in a lateral direction. A closer examination of the phenomena has since proved that the law of gyration depends on more general principles, and that it is a simple and necessary consequence of the motion of the earth on its axis.

In the work before us, a full exposition of the important subject of storms in all its bearings is given, and thanks are due to Mr. Scott for producing so complete a version of Prof. Dove's work. Most commendably, the measures throughout the volume have been reduced to English inches, the temperatures to their equivalents on the Fahrenheit scale, and the quotations from all the works which were accessible in the libraries of Dublin have been taken from the originals. It is not all translators who do their work in so satisfactory a manner as Mr. Scott.

Handbuch der Lehre von der Knochenbrüchen. Von D. E. GURLT, Privat Docenten der Chirurgie an der Königlichen Universität zu Berlin. Erster oder Allgemeiner Theil mit Zahlreichen in den Text eingedruckten Holzschnitten fast ohne ausnahme nach original Zeichnungen des Verfassers. pp. 800. Berlin: Hersch.

A Treatise upon Fractures. By Dr. GURLT, Assistant Teacher of Surgery in the University of Berlin. Part I., or the general portion.

THE literal translation of "Handbuch" is "Manual;" but to apply the latter title to this voluminous compilation of Dr. Gurlt would be indeed absurd. We have here exactly eight hundred large and well-filled pages, and these are to be followed by perhaps as many more. The reputation of the Germans for laborious and sustained investigation will assuredly not suffer from this new example of it. The author has made his duty quite a labour of love, having paid more than one visit to most of the principal museums and hospitals of Great Britain, as well as of Germany, for the purpose of examining specimens and obtaining illustrations for his work. He has here given us the first portion of a treatise which shows evidence of the author intending it to become the chief authority upon a very important department of Surgery; and there can be but little doubt, we think, that those who hereafter possess themselves of Dr. Gurlt's treatise will be quite satisfied with the history he may give as to what has been done or said about the matter.

The present portion of the work consists of eleven chapters. The first chapter deals with the general literature, the second with the general statistics, of the subject of fractures; and the third with the general classification of those accidents. In the fourth chapter the author discusses general symptomatology and diagnosis; passes next to general etiology; and then to the general course of fractures. The prognosis is considered in the seventh chapter; therapeia follows; and a history of the complications of fractures is included in the ninth chapter. The volume concludes with the consideration of the deficient formation of callus, of pseudarthrosis, and other imperfect events of the healing process.

The work is amply illustrated by well-executed woodcuts, and numerous tables and statistical calculations are scattered throughout. If the second portion of Dr. Gurlt's treatise should emulate the present one, the whole will unquestionably form one of the most important works of research and compilation by which modern surgical literature has been enriched.

The Technologist. August and September.

IF any doubts at one time existed as to the success of this most useful periodical, they have been completely dispelled by the commencement of a third volume, much increased in size. The papers are not only interesting to the general reader, but are full of instruction and value to the medical man, the naturalist, the chemist, and the merchant. The arrangement of the various essays and reports reflects great credit upon Mr. Simmonds, the editor, whose practical experience and thorough acquaintance with many of the subjects materially add to the popularity of the magazine.

LUNACY LEGISLATION.

THE Commissioners in Lunacy have just issued an important notice to the following effect:—

"As ample time has, in the opinion of the Commissioners in Lunacy, been now afforded for all persons concerned in the care of the insane to make themselves acquainted with the provisions of the 'Lunacy Acts Amendment Act, 1862,' notice is hereby given that a strict compliance, in all respects, with that Statute, including the adoption of the new forms thereby required, will be henceforward insisted on by this Board.

"W. C. SPRING RICE."

The Act referred to provides that plans for county asylums, when not approved by the Quarter Sessions, shall be submitted to the Secretary of State, whose decision shall be final. It authorizes also the payment out of the county and borough rates of the charges for pauper lunatics under certain contracts. It provides for the reception and care of a limited number of chronic lunatics in workhouses, and empowers the Committee of Visitors of any asylum to obtain accommodation for the burial of pauper lunatics dying in the asylum. The Act further amends the existing regulations for taking on lease additional lands for the use of an asylum, reduces the period when officers may be superannuated from twenty to fifteen years, and provides for the superannuation of matrons. The Act, moreover, provides for the inspection by the Commissioners in Lunacy, before a licence be granted to any house for the reception of lunatics by justices. It makes additional provisions respecting non-resident proprietors, and gives power to keep in a licensed house, with the written assent of two or more Commissioners, any person who may have been within five years immediately preceding a certificated patient. The Act also contains several important provisions respecting the admission and visitation of patients to asylums; and, finally, it terminates with a series of miscellaneous clauses, regulating, amongst other things, the power of permitting patients to be absent from asylums on trial, and the correspondence of patients.

The parliamentary session of 1862 will, we may add, be memorable in the history of lunacy legislation. In addition to the "Lunacy Acts Amendment Act," the so-called "Lunacy Regulation Act," was passed. This Act, it may be noted, sets forth the nature and limit of inquiry under Commissioners of Lunacy, places certain restrictions upon medical evidence, institutes a summary method of dealing with the property of lunatics when of small amount, and regulates the visiting of Chancery lunatics, and the emoluments and pensions of officers in lunacy. By this Act also the Lord Chancellor is empowered to allow retiring pensions, "not exceeding one-half of their respective salaries, to be paid to the present Medical Visitors, or either of them, in case they or either of them shall be desirous of retiring from the offices held by them, they having already attained the respective ages of seventy-eight and eighty-one years, and having served as such Medical Visitors for twenty-eight and twenty years respectively." The Visitors hereafter to be appointed are to hold office during good behaviour, to receive salaries of £1500 a year, and are not to practise their profession.

PROGNOSTICATION OF WEATHER.—M. Mathieu (de la Drôme) has addressed a letter to the President of the Academy of Sciences, in which he states that his predictions of the weather at Geneva have been completely realized, there having been (1) at least three rainy days out of seven between the 3rd and the 9th of August; (2) at least four rainy days out of seven between the 13th and 20th of the same month; (3) upwards of 50 millimetres of water in the pluviometer between the 3rd and the 20th. He now predicts for Geneva, as before:—1. Rainy weather throughout from the 7th to the 16th of October. 2. Heavy rains from the 28th of October to the 8th of November, with heavy falls of snow on the mountains, and inundations in Italy and the southern parts of France. 3. A fall of upwards of 74 millimetres of water at Geneva between the 28th of October and the 8th of November. He concludes his letter as follows:—"If these new prognostics are realized, the prediction of the weather will become truth in everyone's eyes, which will be a considerable event. If I am mistaken, I resign my office of a weather-prophet, that's all. But I am not mistaken."

THE LANCET.

LONDON: SATURDAY, OCTOBER 4, 1862.

ONE of the most eminent of modern philosophers has well said that science knows not nation, creed, or language. In no department of science has this truth been more completely recognised than in Medicine. It may be confidently said that the members of the medical profession throughout the world constitute a body whose mutual intercourse is governed by usages or laws more free from the perturbations of nationality or of political differences than can be affirmed of any other profession. Thus the rules of conduct imposed upon medical practitioners in this country, in their professional intercourse with each other, will equally hold in the case of an English physician or surgeon and a French, German, or Italian *confrère*. Intra-professional honour and public utility are alike concerned in the preservation of an honourable code, which shall ride over all extra-professional considerations. The usefulness not less than the dignity of a profession which is linked by such close and manifold relations to all the great branches of human knowledge, demands that the harmony which has long ruled amongst us shall not be wantonly broken. The circumstances must indeed be exceptional which could justify any marked infringement of the rules of professional intercourse. It becomes us therefore to inquire seriously whether any circumstances have arisen in connexion with the recent mission of an English surgeon to take part in the care of the illustrious GARIBALDI which are of such an exceptional character. We are anxious to state what appear to be the motives that led to this mission as fairly and fully as possible. The circumstances that have been, or may be, urged, are: that the patient is an object of deep regard and sympathy to Englishmen; that the English public entertain a conviction that Italian surgeons are not so able or so trustworthy as English surgeons; that GARIBALDI, being a prisoner in the custody of persons who may be suspected of harbouring ill-will against him, might be denied the full amount of physical and medical care to which his wounds and his character entitle him. It may be at once conceded that the impulse which moved the friends of the patient in this country to take upon themselves the charge of providing him with surgical attendance is a humane and generous one; but it must also be conceded that the course taken is entirely spontaneous and arbitrary. Did the patient appeal to his friends here to send him a surgeon? Did he express any want of confidence in, or dissatisfaction with, the surgeons in attendance upon him? Is it believed that he has been denied the assistance of any surgeon whom he might wish to attend him? Is it alleged that GARIBALDI has been so prostrated by his injury as to be unable to think and act for himself, so as to justify his friends in assuming the duty of thinking and acting for him? In short, has any reason, beyond the reason of impulse, been shown for this breach of professional usage? It is known that the Italian surgeons in charge of GARIBALDI are men of good and deserved repute; it is known that some of them have had large experience in gun-shot wounds. It was felt even by the Committee who despatched a surgeon whose experience had been confined to civil practice, that the course taken was calculated to be offensive to the surgeons in attendance upon GARIBALDI directly, and to the body of the medical profession in Italy indirectly. It will not avail to urge, in extenuation, that it was not intended to supersede the Italian surgeons, or to control them in their treatment of the case. It was expressly stated in the appeal made by the Committee in *The Times*, that it was contemplated to leave an assistant-surgeon in immediate attendance. If this means anything, it surely means that the gentlemen in charge of GARIBALDI were not to be trusted. They were to be told, of course, in the most courteous terms that nothing was further from the thoughts of the English Committee than to wound their feelings, or to imply distrust of their professional capacity. But words cannot negative acts. To thrust two strangers upon them to join in the consultation, or to take upon themselves a share in the conduct of the case, is an act so discourteous that no blandness of discourse can divest it of offensiveness. That GARIBALDI himself would receive the surgical envoy from England with politeness, and even with gratitude, could not be doubted. To him this embassy would naturally appear as an expression of the affectionate solicitude and political interest with which he is so justly regarded in this country. It is not surprising that it assumes a similar aspect in the eyes of others. Perceiving how little this unwonted embassy could be justified on professional grounds—for GARIBALDI is not a prisoner in a barbarous country, or in the hands of inhuman tyrants—many people on the Continent have seen in it simply a political mission in disguise. They see, not a surgeon, but a diplomatic envoy in the London Professor. And this view is strengthened by the circumstance that the Committee continued to solicit subscriptions after the sum required for the avowed surgical fees was collected. Whether this view of the case is shared by the Italian surgeons we cannot know. Probably it is. On this supposition we may account to some extent for their ready reception of their foreign colleague. To argue that they themselves saw no impropriety in the matter, as looked at from a professional point of view, because they did not express their sentiments in words, is to show a very dull insight into Italian intellect and character. The mode in which the subtle intelligence and refined manners of our southern friends would express their sense of the insolent assumption of superiority that dictated this intrusive act might not be intelligible to men who think the purity of their motives a sufficient apology for a breach of decorum. But we can well imagine the significant play of features and of gesture with which they would receive this new manifestation of the proverbial insular pride which is ever insisting upon the immense superiority of everything British.

Our object in referring to this matter is to vindicate the medical profession of this country in the eyes of our continental brethren; to assure them that we honour too highly the magnificent services Italy has rendered to science, and that we respect too deeply the laws of professional courtesy, to to approve of what must appear as a slight offered to them.

In regarding this subject, the profession will not fail to reflect that it must not look to the public for any nice respect for professional honour. We must guard that ourselves. We are the only true judges in questions affecting our own conduct and dignity. There is no practitioner of much experience who has not had frequent opportunities of observing that the temptation to break through those rules which have been

gradually built up for the good government of the medical profession springs, in almost every instance, from without, under the pressure of public or private feeling or interest. It is, therefore, the more necessary that a prominent example like this before us should not pass without being placed in its true light before the world.

IT is curious to observe how greatly the probable destructive power of our armour-plated navy is underrated, even by those who might be presumed to be most capable of forming a just estimate. Assuming that a *Warrior*, or any ship of her class, may break through the side of a three-decker, and destroy her as easily as if she were made of egg-shell, or that she may run with impunity beneath the heaviest batteries, and at leisure assail fort, or town, or camp, even this assumption includes but a modicum of her destructive capabilities. We grant that the offensive properties of an armour-plated ship are the primary objects of her construction, and that these may be as diabolically effective as could be desired; but we aver that in proportion as the offensive power has hitherto been increased, the defensive power has been diminished. True, an iron-cased ship may afford greater protection to her crew from shot and shell than a wooden ship, but it has been overlooked that to whatever extent this protection has been obtained, to a like extent the vessel has been made less fit for habitation. It has been forgotten, in short, that shot-proof ships might require for their due working disease-proof sailors. Experience has again and again shown that, in time of war, for one man lost from the casualties of actual contention, several have been needlessly lost from disease. The conditions which have given rise to this additional, most wasteful, and most unnecessary expenditure of life unhappily exist to almost as great an extent in peace as in war, and the chief of these conditions has been clearly set forth by no less an authority than the distinguished Secretary of the Admiralty. In the debate on the Naval Estimates, in the course of the last Session of Parliament, he said,—

"Everybody who has been on board ship in the lower deck will know that the atmosphere is sufficiently bad to provoke almost any kind of disease, especially phthisis and fevers, as has been shown by the returns from the Mediterranean fleet."

This was said of our wooden ships of war: but when we reflect that in armour-plated ships the port-holes are largely diminished in number and greatly lessened in size, and that, the more effectually to strengthen the walls of the vessel and prevent the intrusion of shot or shell, no aperture of communication with the interior is permitted to exist which can possibly be done away with, we are justified in concluding that the state of the between-decks referred to by Lord C. PAGET will in these ships be greatly intensified. When, moreover, we remember that, from the character of these vessels, and as shown by experiment, the temperature of the between-decks is higher than in vessels of any other class—that in hot weather the iron walls suck up heat with the avidity of a salamander—and that it is far from improbable that the practicability of keeping the "bilges" sweet has been forgotten in the progress of building (as in the case of the *Warrior*),—we may also reasonably infer that the principal conditions which concur in increasing the foulness of the between-decks in wooden are also found in a higher degree in armour-plated vessels. Hence we are led to the ultimate conclusion that these latter ships promise to be much more destructive to their crews than any enemy; at any rate, to estimate the power of destruction by their offensive capabilities alone is a delusion.

Now, when general attention was first directed to this subject in the Public Health Section of the Social Science Association, during the late Congress, Mr. FAIRBAIRN remarked, that the facilities for artificially ventilating the between-decks of armour-plated ships were greater than in two or three decked ships of the old construction; and that the question of ventilating the former class of vessels ought not to be insuperable. Many military and naval engineers are of accord with Mr. FAIRBAIRN in this opinion. We had hoped from the remarks of the Secretary of the Admiralty in his place in Parliament, and from the fact that an inquiry had been directed into the whole subject of the ventilation of ships, either by the House of Commons or the naval authorities, that any doubt as to the future habitable condition of our ironsides would before this have been fully set at rest. Such, however, is not the case. Instalments of hope have been vouchsafed in the announcements that the *Royal Oak* recently launched is to be ventilated on "an improved system, invented by Captain FANSHAWE;" and that a method of ventilation by a revolving fan is now being tried experimentally upon the *St. Vincent*. The first-named fact leads to a faint belief that the propriety of considering the question of ventilation from the beginning of a ship's career has at length dawned upon the official mind; but the second fact is by no means so assuring. In what manner can experiments on the ancient *St. Vincent* in dock apply to newer ships at sea, or to vessels of an entirely different construction, as the *Warrior*, the *Defence*, and the *Resistance*? The truth is, that until the subject of ventilation enters as systematically into the scientific estimate of the construction of a ship as speed and fighting qualities, the problem of ventilation will never be rightly solved, the needless waste of life which now exists in our navy in peace as well as war put an end to, and the chances of a catastrophe amongst the crew of our ironsides by the ravages of fever diminished. What would be the fate of the sailors of the *Warrior* or *Defence* if typhus or yellow fever broke out on board?—to say nothing of the chances of both officers and men being ignominiously suffocated in their iron-cased domicile, under the blazing sun of the torrid zone, after the fashion o certain doughty knights of old.

Medical Annotations.

"Ne quid nimis."

MEDICAL SCHOOLS, LECTURERS, AND EXAMINATIONS.

AT this moment the students of Great Britain have decided for the most part to which school of medical instruction they will for the year attach themselves, and to which examining body they shall probably present themselves. There is a good deal of competition among both schools and colleges. We never remember to have seen greater activity; it speaks well for the prospects of the session. A stricter *régime* is inaugurated this year. The preliminary examinations are becoming more universally demanded, and the division of the examinations into two parts has led to an important practical improvement in the old system of long courses of lectures—bland and feeble

professorial displays, for which a very mild attendance was necessary. Men must approach their work with some degree of earnestness now.

There can be no question of the inefficiency of the professorial system in London as at present practised; and we believe that at Dublin, where the competition of schools is greater, and they are more closely approximated in space, the farce of attendance and instruction is yet more glaring than in London. The professorial system and the apprenticeship question are two nuts which the Council have not yet cracked.

There is more competition than ever among the examining bodies. Here in London, especially, the Medical Council, which was to establish general unity, has wholly failed to prevent dissension, quarrels, and want of uniformity.

The College of Surgeons of London has always played with cards well packed; and at the beginning of the year it seemed to be playing a very successful as well as a secure game. But the College of Physicians, by reviving its old surgery powers, has dangerously encroached on that field. At present it is not likely to be much felt. The surgical diploma has still its prestige here; and the shortness of the curriculum tempts over a large number of Irish and Welsh students, who, having studied more cheaply in Dublin than they can in London, graduate more easily and cheaply in London than they can in Dublin. Thus the fees of the Dublin schools, arranged for the full curriculum of their examining bodies, at corresponding prices for each course of lectures, furnish as much "education" as the London College requires for about £36. This is a temptation to which a large number of the comparatively small-pursed students of the Irish metropolis yield. But the College of Surgeons cannot feel secure of its position; and we must wait a little longer to see how events will shape themselves. The College of Physicians are pausing on the threshold of their new enterprise. They have not done much to popularize their diploma by obtaining recognition either of the Army Board, Medical Council, Poor-law Board, or of civil hospitals. This deserves their attention. Strange to say, the Apothecaries' Company, amidst all the external symptoms of rapid decay, has maintained considerable material prosperity; and has been selected by a very large number of students as the favoured portal for entrance to the profession.

ARMY MEDICAL SCHOOL.

IT is satisfactory to find that the Army Medical School is in full working order, and that its results are such as to recommend it to all who are interested in observing the progress of the department. We believe that the whole of the candidates now passing through their course there will be drafted for Indian service, and it is probable that a further supply of officers will be needed for that service. The advantages of the School are so fully evident to the department, that a large number of the medical officers on service are anxious to avail themselves of its courses, and many have been able to do so.

The position of the medical officers of the army must be considered to be now, in the main, satisfactory, and it is probable that by a conciliatory and temperate course even further concessions may be obtained. The injudicious conduct of some inconsiderate persons has on more than one occasion retarded the progress of reform, and injured the interest of the whole department. We hope that moderation will be the rule, and that perfect accord may prevail between the combatant and medical officers of the army. After all, there are important distinctions in the nature of duty, which must sometimes serve to give to the combatant officers a local superiority in command and its accompaniments which his relative rank might not justify; but the greatest sticklers for relative rank are not always the best friends of their department. There are still some solid boons which may fairly be asked, and among these is the shortening of the term for retirement on full-pay. A little judicious perseverance in attention to this subject might prove of practical use.

The present occasion may serve to convey information on some points as to which we have of late been frequently questioned by correspondents. What are the degrees required in the army? Does a superior degree assist in obtaining more rapid promotion? Will the authorities at Whitehall-yard recognise the new diploma in medicine and surgery of the College of Physicians of London? In answer to these questions we may say, that the Army Medical Board will, we believe, accept for examination any candidate who possesses a diploma in medicine and surgery registered by the Medical Council. The reputation of his *alma mater* has but very little influence, perhaps none, in aiding the future advancement of a candidate. The Army Medical Board will accept the double diploma of the London College of Physicians if the Medical Council register it as giving a right to practise. The greater part of the promotions are by seniority; others—as deputy inspectorship of hospitals, &c.—depend, not upon degree, but upon career and personal qualifications. These will be judged by the excellence of the examinations passed by the candidate on his admission into the army, and by the nature of the report made upon the conduct and qualifications of the officer during his period of service.

A few words as to these reports, which have been partially misunderstood, and condemned without being properly appreciated. Hitherto there have not been any records of a satisfactory kind recording the career, merits, and qualities of an officer by which his claims to promotion could be fairly and completely estimated. To remedy this defect, obviously one which is fraught with injustice to the medical officers, it has been arranged to receive and file confidential reports addressed to the Director-General: for instance, as to assistant-surgeons, by the surgeon, principal medical officer of the station, and the general commanding. The absolute independence, the number and variety of these reports, are for the assistant-surgeon a guarantee of their good faith; and as a further and proper guide for his conduct, and security for fair dealing, it is thought right that whenever any unfavourable sentence occurs, a copy of the charge made should be forwarded officially to the assistant-surgeon, who is afforded at once the opportunity of denial, vindication, or even of recrimination. This proceeding has none of the unmanly features of the spy-system, in connexion with which it has previously been denounced, but by the various securities which we have enumerated we think that it will be converted to the furtherance of the best interests of individuals and of the whole service.

PHYSIOLOGY IN SCHOOLS.

THE teaching of physiology in the educational establishments of the country is one of those common-sense reforms which we have often and warmly advocated. The Government have done much to favour the introduction of this valuable study as an element in middle-class education by including it among the subjects of examination at South Kensington. But at the higher and greater schools there is yet little progress in the introduction of this rational study, so important to every member of society. Sir John Pakington, in his recent address, has usefully and sensibly discussed the subject. He pointed out that various circumstances have lately combined to establish the necessity for a general study of physiology and the laws of health. He said that the classical records of death and their causes, which have of late years been kept by the Registrar-General, led to the discovery that the rate of mortality varied greatly in different localities, so much so that the deaths in some places exceeded by ten, twenty, thirty, and even forty per cent. the number in others, and it was found on investigation that the causes of such excess were easily removable by the application of obvious and natural means. A Sanitary Commission was therefore appointed to consider the application

of these means, which consist of draining, ventilation, warmth, habits of cleanliness and temperance, and so forth; and year after year the reports of this Commission repeated that the application of such means was obstructed, and all efforts rendered nugatory, by the prevalent ignorance among all classes of the natural conditions of health—an ignorance which prevented the advantages of sanitary measures from being either understood or appreciated. The Government was, therefore, advised to introduce physiology into the common schools of the country, and a remarkable paper was drawn up and signed by sixty-five of the leading physicians and surgeons of London, including the principal teachers of anatomy and physiology, in which are the following words:—"We are therefore of opinion that it would greatly tend to prevent sickness, and to promote soundness of body and mind, were the elements of physiology in its application to the preservation of health made a part of general education." And here the example of America may be cited. In no State has the educational system of that country been more carefully or successfully matured than in Massachusetts, and among the general laws of public instruction passed by the Legislature of that State is an "Act requiring physiology to be taught in the public schools." The Committee of Council on Education in this country have co-operated with the Board of Trade in the endeavour to introduce physiology into our schools, and a system of instruction has been devised which has been described by high authority as "sound and scientific in its basis and character, although limited in extent and popular in expression." If such teaching has been deemed desirable in our ordinary schools, surely it is not less desirable in the educational establishments of a great and populous manufacturing city. If better knowledge of the laws of health is desirable for all classes, surely it is most desirable for those who are engaged in manufactures and occupations which are too likely to affect health injuriously.

THE ANATOMY ACT.

THE late proceedings at Sheffield respecting the burial of dissected bodies call for the serious consideration of teachers and students of anatomy. We understand that the lecturer at the Sheffield School narrowly escaped prosecution under the Anatomy Act. The Inspector of Anatomy in London has addressed a letter to the various anatomical teachers under his supervision, which contains excellent advice, and directs their special attention to some of the clauses of the Anatomy Act, the most important of which we reproduce here:—

"Sec. 13.—That every such body so removed as aforesaid for the purpose of anatomical examination shall, before such removal, be placed in a decent coffin or shell, and be removed therein; and that the party removing the same or causing the same to be removed as aforesaid, shall make provision that such body, after undergoing anatomical examination, be decently interred in consecrated ground or in some public burial ground in use for persons of that religious persuasion to which the person whose body was so removed belonged; and that a certificate of the interment of such body shall be transmitted to the Inspector within six weeks after the day on which such body was received as aforesaid."

Last session the wants of the schools were well provided for, and to ensure a good supply for the future it is desirable that the provisions of the Act should be strictly carried out.

THE MEDICAL SESSION.

IT is generally anticipated that the number of students about to enter the various medical schools in the metropolis will be somewhat below the average. Owing to the disagreements between the Medical Council and some of the Corporations, the regulations of the former have not yet come into general operation. Opinions differ as to what will be the effect of these upon the number of entries in future years. Some are inclined to think that the enforcement of the preliminary examination may tend to discourage young men from fixing their choice upon the medical profession; others believe that it will have an opposite tendency. It is probable that for a year or two the number of entries may diminish; but if we are to judge from the results of extended curricula in the other learned professions, the numbers will increase.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At the ordinary general meeting of the Fellows held on the 30th ult., the following gentlemen, having undergone the necessary examination, were duly admitted Members of the College:—

Dickson, Edward Dalzel, M.D., Constantinople.
Thompson, Reginald Edward, M.B., Upper Belgrave-street.

Also, on the 2nd of August,

Miller, David Graham, R.N.

previously an Extra-Licentiate, was admitted a Member.

The following gentlemen passed the Preliminary Examination in the subjects of General Education on the 24th ult.:—

Bedford, William James Guthrie.
Bell, William.
Burt, William Jennings.
Burton, Thomas Beaird.
Butler, William Harris.
Fraser, John James.
Goodall, Joseph.
Greene, Walter.
Heelas, Martin.
Hogg, Christopher Haynes Jenner.
Jolland, Arthur Gibson.
Linn, David.
Millett, George Bowen.
Nell, Richard Frederick.
Pearce, Joseph Channing.
Prince, Frederick Tickell.
Pritchard, Robert Owen.
Pughe, Richard.
Raines, Richard Edward Hodgson.
Richardson, James Francis Hamilton.
Underhill, Francis William.
Vincent, Osman.
Wallbridge, John Smith.
Weld, Charles Humphrey.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 25th ult.:—

Dickinson, James Bathgate, Howdon-on-Tyne.
Latham, Alfred William, Darlaston, Staffordshire.
Little, Frederick, Eye, Peterborough.

The following gentlemen also on the same day passed their first examination:—

Aspray, Charles O., St. Mary's Hospital.
Hackney, John, University College.
Pope, Edward, London Hospital.
Ryder, F. J., St. Thomas's Hospital.

ARTS.—The following lady and gentlemen passed the examination in Arts, and received certificates of Proficiency in General Education, on the 27th ult.:—

Crowfoot, Edward Bowles, Certificate of Honour.

Argyle, A. S., Parkfield House, Heanor.
Bennett, C. J., Winchcomb-street.
Beck, Robt. C., Islington.
Bent, Wm., Manchester.
Birch, Geo., Kingsland.
Bridges, Wm. P., Cirencester.
Burchell, Edward, York.
Carless, John, Woolwich.
Carpenter, Edward, Lambeth.
Cooke, J. L., Market-Drayton.
Cresswell, Richard, Lewisham.
Dondney, Edwin, Bristol.
Dunn, John Robt., Warbleton.
Eager, Thos. C., Ripley.
Egles, Franklin A., Barcombe.
Eurbank, Francis, Ryde.
Garrett, Elizabeth, Manchester-square.
Hall, Jas., Bolton.
Hickinbotham, Jas., Loughborough.
Hilder, Ridley Thos., Woking.
Howard, Chas. E., Linton.
Jones, Edgar A., Luventry Vicarage.
Keele, Chas. A., Londonderry.
Kenyon, John Edward, Doncaster.
Langdon, C. J., Mecklenburgh-square.
Leverton, Edward James, Truro.
Lewis, Wm. Bevan, Cardigan.
Lloyd, John, Abergele.
Mairisty, Francis S., Leatherhead.
Martin, Anthony H., Eversham.
M'Gregor, Alex., Acton.
Morris, D. W., Capel-Dewy.
Newsam, Alderson, Old Kent-road.
Oakley, John, Shrewsbury.
Peck, Wm. H., Finsbury-square.
Place, T. L., Wickham Market.
Powell, Robert Wm., Norwich.
Price, J., Canonbury-square.
Robinson, C. A., Jamaica.
Salzmann, F. W., Brighton.
Sephton, Robert, Culcheth.
Shepard, W. L., Gray's-inn-road.
Smith, Geo. Wm., Grantham.
Strange, Wm. Heath, Streathy.
Taylor, F. H. W., Bermondsey.
Tidswell, Thos. H., Spalding.
Trevor, A. T. H., King's College.
Turner, Wm., Reading.
Waterhouse, Frederick, Bolton.
Williams, W. J., Manchester.
Withers, Walter G., Shrewsbury.

CHOLERA AT PEKIN.—According to the latest accounts, cholera is raging at Pekin.

A WARNING.—Several persons have been fined by the Sunderland magistrates for not having their children vaccinated.

LONDON CHARITIES.—Mr. Lowe, in his "Charities of London," enumerates no fewer than 640 charitable institutions: their income is nearly two millions and a half per annum.

SANITARY PROGRESS IN THE METROPOLIS.—By the Metropolitan Local Management Act passed at the end of the last session, licences must be obtained for slaughterhouses and cowhouses.

SMALL-POX IN SHEEP.—The small-pox in the sheep in the affected districts of Wiltshire has received a check. The local journals announce that no fresh outbreak occurred during the past week.

HOSPITALS AT PEKIN.—Dr. Lockhart continues diligently to prosecute his work at the Hospital at Pekin. He says:—"I have 300 and 400 patients a day—sometimes more; and on the hot days it is difficult to get through the work."

YELLOW FEVER AT HAVANNAH.—The yellow fever has been very fatal among the shipping at the Havannah. The number of cases was, however, fast diminishing when the last mail left. It has also been very fatal at Barbadoes.

PRIZE FOR ESSAY ON THE MINERAL WATERS OF SCOTLAND.—The prize of twenty-five guineas offered by the Royal College of Physicians of Edinburgh, has been awarded to Dr. Murray Thomson. The essay contains numerous analyses.

NEW APPLICATION TO WOUNDS.—A patent has been issued in Paris for the preparation and application of new agents for the stopping of hæmorrhage, &c., in wounds. They consist of salts made from minerals and essential oils soluble in caustic potash or soda.

FAT AS AN ANTIDOTE FOR POISONING BY STRYCHNIA has been tried by Dr. F. Rienderhoff. The effect appears to be produced by the fat (lard, butter, or oil) acting as a check upon the absorption of the poison.—*Edinburgh Medical Journal.*

THE TREATMENT OF HALLUCINATION BY ELECTRIZATION has occupied the attention of Dr. Rorie, of the Dundee Lunatic Asylum. He thinks that in some cases it may be successful, but too little experience has at present been gained to offer any reliable judgment upon the subject.

METROPOLITAN WATERS IN AUGUST.—The waters used in London, according to Dr. Robert Dundas Thomson, F.R.S., are characterized by a less amount of impurity than in the previous month, a result depending upon the absence of rain. The Thames water is more free from organic matter than that obtained from any other source.

LUNATICS IN PARIS.—At the commencement of the year 1801, the number of lunatics in the hospitals and asylums of Paris was about 946. In fifty years it was more than trebled, and reached 3061. During the last ten years it has increased by more than a third (4213). From 1800 to 1850 the increase was at the rate of 42 every year; from 1851 to 1861 the increase was 100 a year.

ST. ANDREWS UNIVERSITY—MEDICAL DEGREES.—The examination of candidates for the degree of M.D. commenced before the Senatus on Monday morning under circumstances of peculiar interest. From the fact that there will be only one other such opportunity afforded, the number of candidates, who are from all parts, is unprecedentedly large, no fewer than 165 intimations of candidature having been received.

SEVEN IDIOTS, BROTHERS AND SISTERS.—A drawing of a remarkable family of idiots, seven in number, their ages varying from forty-seven to seventy one, appears in the current number of the *Journal of Mental Science.* Their case is reported by Dr. W. F. A. Browne, Commissioner of Lunacy for Scotland, who visited them in an asylum. They were the offspring of poor but industrious parents who were believed to be cousins or related.

JURIES ON CORONERS' INQUESTS.—Some misunderstanding exists as to juries on coroners' inquests. Persons aged sixty and upwards are not required to serve provided their names are removed from the jury list, otherwise the coroners have no power to excuse them. Unless the names are removed during the present month, which can be done by consulting the parish officers, persons are liable to serve for the next twelve months. Surgeons are exempt.

MEDICAL ATTENDANCE IN THE ARMY.—The Secretary of State for War has directed that medical aid to all branches of the military service shall be governed by the army medical regulations of October 7th, 1859. All officers, as well as members of the civil and military departments, will only be entitled to medical aid at the public expense when there is a military surgeon at the station, or a private medical practitioner in attendance at contract rates, on troops, staff-pensioners, or the permanent staff of militia regiments; and when their residences are within a mile of the principal army dispensary, no separate medical claims will be allowed.

ROTHERHAM WATER SUPPLY.—The great deficiency in the quantity of water necessary to supply the new system of sewerage has not yet been made up. Application has been made to the Sheffield Water Company, but hitherto without success. Dr. Shearman, the medical officer, reports the continuance of typhoid fever in the district, many new cases having occurred during the last month. A great number of deaths are returned as due to diarrhœa, and various endemic diseases.

THE HANTS NEW COUNTY HOSPITAL, WINCHESTER.—The building committee of this hospital have decided on recommending the purchase of Peel place, and other adjoining lands, amounting to six acres, on the Hursley and Romsey Roads. The site commands extensive views. The soil is porous, absorbent chalk. The site falls with rather a quick descent to the south-east. We understand that some of the medical officers of the institution object to its removal from its present situation.

INSECTS THAT ARE HURTFUL.—In the gallery of the French Court of the International Exhibition is a singularly interesting collection of insects hurtful to vegetation and to animals. It includes the eggs, maggots, caterpillars, worms, flies, butterflies, &c., with specimens of the roots, grain, and woods on which they commit ravages. Another case contains the eggs of birds that destroy the hurtful insects,—the whole very suggestive and valuable. A little book of large worth might be written on this collection.—*Builder.*

NATIVE PHYSICIANS.—The Governor-General of Algeria has decided that six young natives of the tribes of the military territory shall be admitted to the School of Medicine at Algiers. Those young men will, on leaving the establishment, be employed as native doctors in the different provinces of Algiers. The admissions are to take place after an examination before a special commission, presided over by the Director of the School of Medicine, which will consider the fitness and character of each of the candidates. The illiberality with which our Government treated the native Indian surgeons who had qualified themselves for army appointments on the strength of former promises, contrasts unfavourably with this prudent proceeding.

HYDROPHOBIA.—A dog manifesting all the symptoms of hydrophobia was shot a short time ago in the Rue Notre-Dame-des-Victoires. The animal was taken to the Veterinary School at Alfort, where, on its being subjected to an autopsy, a quantity of hay, plaster, and pebbles were found in its stomach. This is not the first time that a perversion of the appetite, and a tendency to greedily swallow foreign substances, have been remarked as precursory signs of hydrophobia, like the change of voice and particular howl raised by dogs menaced with that terrible malady. A large cat which had licked the blood of this same dog showed also symptoms of madness, and was obliged to be killed. Fortunately no one had been bitten by the dog.

ST. BARTHOLOMEW'S HOSPITAL, CHATHAM.—This hospital is now nearly completed. It is raised in accordance with the scheme settled by the Court of Chancery. The cost of erection is partly paid from the funds of Watts' Charity, partly from those of St. Bartholomew's Hospital Estates, and a portion of the building is paid for by the Government. It will contain 80 beds, a male charity-ward, a female charity-ward, an accident-ward, a dispensary, &c., and a Lock-ward. The most prominent feature in the edifice is a tower of four stories, which rises from the side of the central portion, and bears under its roof two slate water-tanks, which are capable of containing together 1500 gallons of water. For building and furnishing the hospital the trustees have £16,000 at command.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, SEPT. 27TH.—In the week that ended on Saturday the deaths of 1140 persons (of whom 575 were males and 565 females) were registered in London. 359 persons died of zymotic diseases, including 2 by cholera, 72 by diarrhœa, 38 by measles, 84 by scarlatina, 63 by typhus. Of 172 deaths assigned to diseases of the respiratory organs, 72 were caused by bronchitis, 71 by pneumonia, 9 by asthma. Phthisis was fatal in 121 cases.

The births were—boys, 899; girls, 843. Total, 1742.

MEDICAL VACANCIES.

DR. INGRAM having resigned the office of Physician to the Royal General Dispensary, the election of his successor is appointed to take place on the 29th inst.

A vacancy for a Physician to the Islington Dispensary has occurred in consequence of the resignation of Dr. Jackson.

An Assistant House-Surgeon and Dispenser is required for the Kent and Canterbury Hospital.

The office of Pathologist in the Royal Infirmary of Edinburgh has become vacant in consequence of Dr. Haldane having been appointed as one of the Physicians.

MEDICAL APPOINTMENTS.

Dr. J. BAILEY has been appointed Medical Officer to the Kirton District of the Boston Union.

Mr. John Bourne Bromley, has been appointed House-Surgeon to the Stourbridge Dispensary, vice Mr. Henry Horsley, resigned.

Dr. George J. S. Saunders, Assistant Medical Superintendent of the Devon County Lunatic Asylum at Exminster, has been appointed Chief Medical Superintendent, vice Dr. Charles Bucknill, appointed Chancery Inspector of Lunatics.

Mr. James J. Corrie has been appointed Assistant Resident Medical Officer to the Leeds Public Dispensary, vice Mr. Joseph Hainsworth, resigned.

Mr. Frank Buszard has been elected House-Surgeon and Apothecary to the General Infirmary, Northampton, vice Mr. James F. Gray, resigned.

Dr. John P. Harris has been elected Medical Officer to the Newport District, Nenagh Union, Co. Tipperary.

Mr. Joseph Henderson has been elected Medical Officer to the Lower Deptford District of the Greenwich Union, vice Dr. Edward Downing, resigned.

Mr. Daniel Shelswell has been elected Medical Officer and Public Vaccinator for No. 1 District of the Wolverhampton Union, Staffordshire, vice Dr. John M. Coleman, resigned.

Mr. Thos. F. Greenwood has been elected Medical Officer and Public Vaccinator for the fourth and fifth Districts of the Southwell Union, Nottinghamshire, vice Mr. Henry R. Smith, resigned.

Mr. Wm. E. Wilkinson has been elected Medical Officer and Public Vaccinator for the Glasson Dispensary District of the Athlone Union, Co. Westmeath, vice Mr. George Davis, resigned.

Births, Marriages, and Deaths.

BIRTHS.

On the 19th ult., at Yealmpton, Devon, the wife of J. E. Adkins, Esq., M.R.C.S., of a daughter.

On the 23rd ult., at Yeovil, Somersetshire, the wife of E. C. Garland, Esq., M.C.P.E., of a daughter.

On the 27th ult., at Upper Westbourne-terrace, Hyde-park, the wife of B. E. Cooley, Esq., M.R.C.S., of a son.

On the 27th ult., at Bournemouth, the wife of W. S. Falls, L.K.Q.C.P.I., of a son, still-born.

On the 28th ult., at Cheltenham, the wife of Alfred Fleischmann, Esq., M.R.C.S., of a daughter.

On the 28th ult., at Clifton Villas, Maida-hill, the wife of S. Noble Bruce, Esq., M.R.C.S., of a daughter.

MARRIAGES.

On the 24th ult., at Lephenstrath House, Campelton, Argyleshire, N.B., John C. Baker, M.D., of Bideford, Devonshire, to Mary, eldest daughter of Peter Maclaren, Esq., of Lephenstrath.

On the 25th ult., at Leekhampton Church, Cheltenham, Francis Meheux, Esq., M.R.C.S., of Southampton, to Carry Emily Heathcote, only surviving daughter of the late Capt. Burrowes, formerly of the 8th K.R.I. Hussars.

DEATHS.

On the 31st of July, at Mangalore, East Indies, Joseph A. Bean, M.D., of the 8th Regt. N.I., youngest son of the late S. E. Bean, Esq., of Peldon, Essex.

On the 6th of Aug., at Cape-town, Africa, Henry Bickersteth, M.D., aged 49.

On the 24th ult., at Sligo, Dr. James Rutherford, R.N., aged 84.

On the 26th ult., at Mansfield, Notts, Samuel Hurt, M.D.

On the 26th ult., Thomas Harle, M.D., of Dalhousie-street, Glasgow, aged 49.

On the 29th ult., Maryanne, wife of George Buchanan, M.D., of Gower-street.

On the 30th ult., at Kew, Dr. John Jackson, aged 84.

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Medical Diary of the Week.

MONDAY, OCT. 6
- ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.
- METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.

TUESDAY, OCT. 7
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—The following Operations will be performed at 2 P.M.:—By Mr. Barnard Holt: Excision of the Head of the Femur; Removal of Erectile Tumour from the Scalp; Two Cases of Immediate Treatment of Stricture of the Urethra.

WEDNESDAY, OCT. 8
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.
- HUNTERIAN SOCIETY.—7½ P.M. Council Meeting. —8 P.M. Dr. Daldy, "A Summary of the Cases of Heart Disease contained in the unpublished records of the Society, with Remarks."

THURSDAY, OCT. 9
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.
- LONDON SURGICAL HOME.—Operations, 2 P.M.
- WEST LONDON HOSPITAL.—Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.

FRIDAY, OCT. 10
- WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.

SATURDAY, OCT. 11
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

To Correspondents.

Bretherton.—It is a mistake to suppose we approved the conduct of Mr. Bowen in practising illegally, or in assuming a title to which he had no legal claim. Our remarks had quite the opposite tendency. It certainly does seem remarkable, however estimable may be the character of Mr. Bowen, that some of his reverend supporters should have justified the violation of the law. Mr. Bowen was adjudged by the court to have infringed the statute, and was fined accordingly. It is difficult to conceive how the magistrates could have come to any other decision with an Act of Parliament before them which appeared to them clearly to define the offence.

Mr. John Jackson, (Great Usworth.)—The claim is just, and we think could be recovered at law. We regret to learn the course Dr. Jones thought it desirable to take.

Mr. Charles James Fox.—The request shall be complied with.

W. H. B.—1. At 32, Soho-square, price 4*s.*—2. He can legally recover according to his qualifications.

Q. C. B.—Any of the books mentioned would suffice; but the works of Mr. Holden and Dr. Kirkes are more within the compass of a first-year's student.

ARTIFICIAL TEETH.

To the Editor of THE LANCET.

SIR,—In reply to the letter of "Enquirer," in your journal of Sept. 13th, as to the occurrence of disordered health and some gastric irritation from wearing the "red vulcanite" now so much used, I beg to state that, after a very extensive use of this substance, I have not known any instance of untoward symptoms that have resulted from wearing it in the mouth. Indeed I can fully endorse an opinion which I gave in THE LANCET in a former letter (May 4th, 1861, p. 453), now nearly eighteen months ago, that I had then treated nearly 200 cases with this basis for artificial teeth, and had not known a *single* instance wherein the slightest ill effect was produced by its use. With increased experience I again reiterate my testimony in its favour, and the symptoms described by your correspondent must have arisen from some other cause altogether, possibly from an unhealthy state of the mouth, or from some mercurial amalgam in diseased teeth. The general experience of dentists now very satisfactorily proves that the vulcanite so largely employed is a harmless product and may be worn for years without any inconvenience. Indeed I have just received a letter from a lady at Eastbourne, who writes that she experiences the greatest comfort and ease from wearing a set of teeth mounted in a vulcanite base, and previously she had been a great sufferer, and her health generally was disordered, from not having the previous set of teeth properly adjusted in her mouth.

Vermilion is sometimes adulterated with red lead and pentasulphide of arsenic; but I doubt even then whether it would produce the effects which "Enquirer" attributes to it. I am in the habit of giving to its surface a very fine polish, which cannot in any way be affected by the fluids of the mouth. Although this substance is so highly appreciated, I never recommend it in preference to gold, unless on the score of lightness.

I think that on careful investigation "Enquirer" will find the cause of the impaired health to be due to some other influence than that of the vulcanite.

I am, Sir, your obedient servant,

Park-square, Regent's-park, Sept. 1862. THOS. H. HARDING.

Dr. G. B. Barron.—It would be giving the trumpery print too much importance to refute any of the statements contained in it. It has not the power to inflict the slightest amount of injury on the character of a gentleman in the position of Dr. Barron. Attacks coming from such a source should be treated with thorough contempt. To notice them in any way is to give them an importance to which they are not entitled.

C. M.—We understand that Trousseau, the eminent French surgeon, has been despatched by the Garibaldian Committee in Paris to report upon the present condition of the illustrious hero.

Army Surgeon, (Vet.)—The great mortality occurring amongst the horses of the French cavalry is said to have been diminished by more than one-half by increasing the amount of air supplied to the stables. Glanders we believe to be very rare at present amongst French troop horses.

G. H.—1. He was sentenced to a term of imprisonment.—2. In Princes-street, Cavendish-square.

X. Y. Z.—We believe he can do so legally.

Sceptic will find some account of the "rice glass from Japan" in the 144th number of the *Chemical News*, and in a recent number of the *Engineer*.

THE TITLE OF "DOCTOR."

To the Editor of THE LANCET.

SIR,—A "Non-Graduate," writing upon this subject in a late number of THE LANCET, says:—"Graduates in medicine unconnected with a College of Physicians take the title of Physician, and they have an undoubted right to that title; but, on the other hand, the Fellows and Members or Licentiates of the College have an equal right to the title of Doctor."

Such a doctrine seems to me both erroneous and dangerous. If a Licentiate of the College of Physicians, not being a graduate, can assume the title of Doctor, why should not the diploma of the College of Surgeons and the licence of the Apothecaries' Company, or either, confer a similar privilege? But I maintain that these paltry attempts to seem what we are not, act very injuriously upon the profession, and tend to lower its members in public esteem. On that ground they ought to be unhesitatingly repudiated; for if false titles are to be admitted within the pale of the profession, how are we to resist their assumption out of it, and at the same time be consistent?

The degrees of M.D. can alone confer the title of Doctor. If say Mr. Smith become a Member of the College of Surgeons, he then styles himself Mr. Smith, Surgeon, or, if you like, Surgeon Smith; and, in like manner, if he become a Member of the College of Physicians, he would be entitled to announce himself as Mr. Smith, Physician, or, again if you please, Physician Smith; but certainly not Dr. Smith. In my opinion, a doctor's degree ought never to be allowed to carry with it a licence to practise or a right to take the title either of Physician or Surgeon. It should be allowed to facilitate the admission of candidates to the two Colleges, if properly obtained; but it ought not to be permitted to be a substitute for the diploma of either.

To this view I have no doubt there will be a host of objectors; but, as you have justly remarked, "the subject is one which must eventually be settled in something like a definite manner," and that can only be done either by making the several distinctions clear and separate, or by allowing all qualified practitioners to take the title of Doctor. The latter proposition would be most objectionable; indeed I believe it would be found that a very large body in the profession would instantly resist such a questionable honour being thrust upon them. But if, on the other hand, the several titles were well defined, no injustice could be done; everyone could take the qualification that pleased him best, and the strongest safeguard would be secured against an assumption of professional titles by quacks and impostors.

I am, Sir, yours obediently,

September, 1862. R. L.

To the Editor of THE LANCET.

SIR,—All lexicographers agree in declaring physicians to be doctors. Webster thus defines doctor—1, a title in divinity, law, &c.; 2, a teacher; 3, a physician. Cooley, the most recent authority, describes a doctor—1, a teacher; 2, one who has received from his University the highest degree in his respective faculty of divinity, law, or physic, or in the science of music; 3, a physician. He gives the definition of physician—1, a person skilled in the art of healing; 2, a legally-qualified doctor of medicine.

Doctor of medicine and physician are, in fact, synonyms. According to the Medical Act, the F.R.C.P. or L.R.C.P. cannot register as M.D.; neither can the M.D. register as physician. Doctor is still the physician's title, and no new bye-laws of the College of Physicians of London, or editorial articles of their London organ, can rob physicians of their right to it.

It may be well for the opponents of the physician's claims to the Doctorate to note that in Clause 40 of the Medical Act the Physician is ranked before the mere Doctor of Medicine:—"Any person who shall wilfully and falsely pretend to be or take or use the name or title of Physician, Doctor of Medicine, Licentiate in Medicine and Surgery, Bachelor of Medicine, Surgeon, General Practitioner, or Apothecary, or any name, title, addition, or description, implying that he is registered under this Act, or that he is recognised by law as a Physician or Surgeon, or Licentiate in Medicine and Surgery, or Practitioner in Medicine, or an Apothecary, shall, upon a summary conviction for any such offence, pay a sum not exceeding twenty pounds." At the commencement of the clause, Physician comes before Doctor of Medicine, and at the close of it, Doctor of Medicine is evidently merged in Physician, for Physician only is named.

It is quite time that the opposition of a certain clique to the physician's right to his recognised and honourable title should cease. Legally it is his; for since the first existence of Colleges of Physicians in the United Kingdom, no other title has ever been given, and hitherto it has never been withheld.

Let "Censor" and "Another Censor" remember that Doctor includes Physician as well as Doctor of Medicine, and let them urge on their brethren the necessity of gracefully yielding the point, and sweeping away the new bye-laws, which are in direct opposition to all previous laws of the College, and likely to bring the College into contempt. One thing is certain—viz., that the College dare not fine or degrade any Fellow, Member, or Licentiate who retains his true title of Doctor. Another thing is equally certain, and it is this, that the efforts of the clique in the College to exalt all University graduates at the expense of physicians will not add to the prestige of the College; for attempting to drag the College at the tail of such Universities as Aberdeen and St. Andrews looks very like a confession of inferiority on the part of that body, which was wont to plume itself on being the head of the profession.

I am, Sir, faithfully yours,

September, 1862. A TORY PHYSICIAN.

Students.—The term "chromidrosis" is applied to a supposed secretion of dar colouring matter occasionally occurring upon the faces of young women. I the opinion of many, however, such cases have been examples of deceptio upon the part of the females, and analogous to their freaks of passing i possible insects and calculi *per urethram et rectum*.

Enquirer.—The name is not in the "Medical Register" for 1862.

A Subscriber to THE LANCET *for more than Twenty-one Years.*—The presen state of the law relating to unqualified practitioners is so defective, that i affords no remedy for that which is undoubtedly a wrong.

Port Philip.—It is usual to employ the title occasionally; but a too frequ repetition is considered vulgar.

Inquirer.—By application to the Colonial Secretary, the Duke of Newcastle,

AN INADEQUATE STIPEND.

To the Editor of THE LANCET.

SIR,—It is an undoubted fact that medical men perform an immense amou of gratuitous labour, and that as a body they are inadequately paid for the services. To show how the profession is valued by some, I need only refer t the following advertisement in THE LANCET of last week:—

"ROYAL ISLE OF WIGHT INFIRMARY.—Wanted, a legally-qualified gentl man as House-Surgeon, who, in addition to the house duties, will be require to visit out-patients, and to act as Secretary. Salary £40 per annum, wit board, lodging, and attendance. Applications, with testimonials, to be sent on or before the 22nd of October."

If £40 a year, with board, &c., is considered sufficient remuneration for th arduous duties of a medical man by a number of enlightened governors to a hospital, is it surprising that the profession is poor. It is a common idea tha an hospital appointment is a nice thing for a young surgeon. He has gre opportunities of seeing practice, and improves his knowledge. This may b true; but he does not improve in purse. To save money with a salary of £ per annum is simply ridiculous. Perhaps the funds of the above-named i firmary are low. If such is the case, medical candidates will be ready to vi the out-patients and act as Secretary, in addition to the house duties, or ev dispense.

Yours faithfully,

September, 1862. A LEGALLY-QUALIFIED GENTLEMAN.

Ophthalmologist will meet with a table for finding the exact concave gl needed when the patient's myopia is established, and also the observ seeing distance, in Zander's "Der Augenspiegel seine Formen und s Gebrauch. Leipsic, 1862."

Juo. Gay.—A regular apprenticeship to a legally-qualified practitioner in M 1860, exempts from the preliminary literary examination for the diplom M.R.C.S. Eng.

H. H. (Camberwell) shall receive a private note.

Dr. J. H. Roberts' inquiry may be made with perfect safety. There is no l law.

CIGARS DE JOIE.

To the Editor of THE LANCET.

SIR,—Will you or any of your readers give me some information respecti the cigars "de joie," so much vaunted for their efficacy in asthma? A where they are to be obtained, and what they contain?

I am, Sir, yours truly,

Newcastle, September, 1862. IGNORAMUS.

A Social Reformer's theory may be very philanthropic and moral, but is h physically and hygienically considered. Very young children and infa instead of being kept confined in schools, should be at least half the day the open and fresh air.

C. C. B.—The reverse. Aluminium is a very light metal.

W. T——n, Esq. (S. Y., Melbourne) is thanked for his communication of Ju 26th. We fully agree in all that is stated; but do not deem it advisable stir up the subject again in the pages of this journal.

Mr. Henry Bird.—We are not in the habit of publishing reprints in the pa of THE LANCET.

ERRATUM.—In the 13th line of our leading article on "Brighton Drainag last week, p. 334, for "Downs," read "town."

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Grally Hew Mr. Hume, South Shields; Mr. Newman; Mr. Clarke, Wolverhampto (with enclosure;) Mr. Bonnor, Minehead, (with enclosure;) Mr. Somervil Ayton; Mr. Gower, Natal; Mr. Harding; Dr. Fothergill; Mr. Wm. Dav Mr. Bird, Cheltenham; Mr. Lawrence, (with enclosure;) Mr. Parker, Ba Mr. Philson; Mr. Morton, Buntingford; Mr. Taylor, (with enclosure;) M Thomas, Redruth, (with enclosure;) Dr. Harrison, Southport; Mr. Fly Liverpool; Mr. Fleischmann; Mr. O'Flanagan, Stockport; Mr. Barker, (wi enclosure;) Mr. Pitt; Dr. Roberts; Mr. E. O'Connell, Bury; Dr. Dowl Cerne Abbas; Mr. Coleman, Marlborough, (with enclosure;) Mr. R. Davi Mr. Bayley, Salop Asylum; Dr. Jones, Graianfryre; Mr. O'Doherty; Mr. Jackson, Great Usworth; Mr. Carruthers, Kirby Lonsdale; Mr. Atkins Hull, (with enclosure;) Mr. W. Pritchard, (with enclosure;) Dr. Beatha Leadburn; Mr. Grove, Walsall, (with enclosure;) Mr. Garland; Mr. E worth, Leicester; Mr. Parsons, Leicester; Mr. Hayden, High Wycom Mr. Bowman; Mr. Sandell, (with enclosure;) Mr. Griffith, Bombay; M Langford, Horsham, (with enclosure;) Mr. Hale, Staveley; Mr. Wm. Sm Weston-super-Mare, (with enclosure;) Mr. Sutton, Martin; Mr. Mack Hyde, (with enclosure;) Mr. Deake, Fermoy; Mr. Turner, Birmingha (with enclosure;) Mr. J. Alston; Mr. Bromley, Stourbridge; Dr. Mete Leyburn, (with enclosure;) Mr. Godfrey, Mansfield; Mr. Webster, (wit closure;) Mr. Scott; Mr. Andrews, Brewston, (with enclosure;) A. B. (with enclosure;) M. H., (with enclosure;) W. H. B.; A Country Surge The Council of the Society of Arts; G. H.; Inquirer; An Unfortuna Port Philip; Medicus, (with enclosure;) &c. &c.